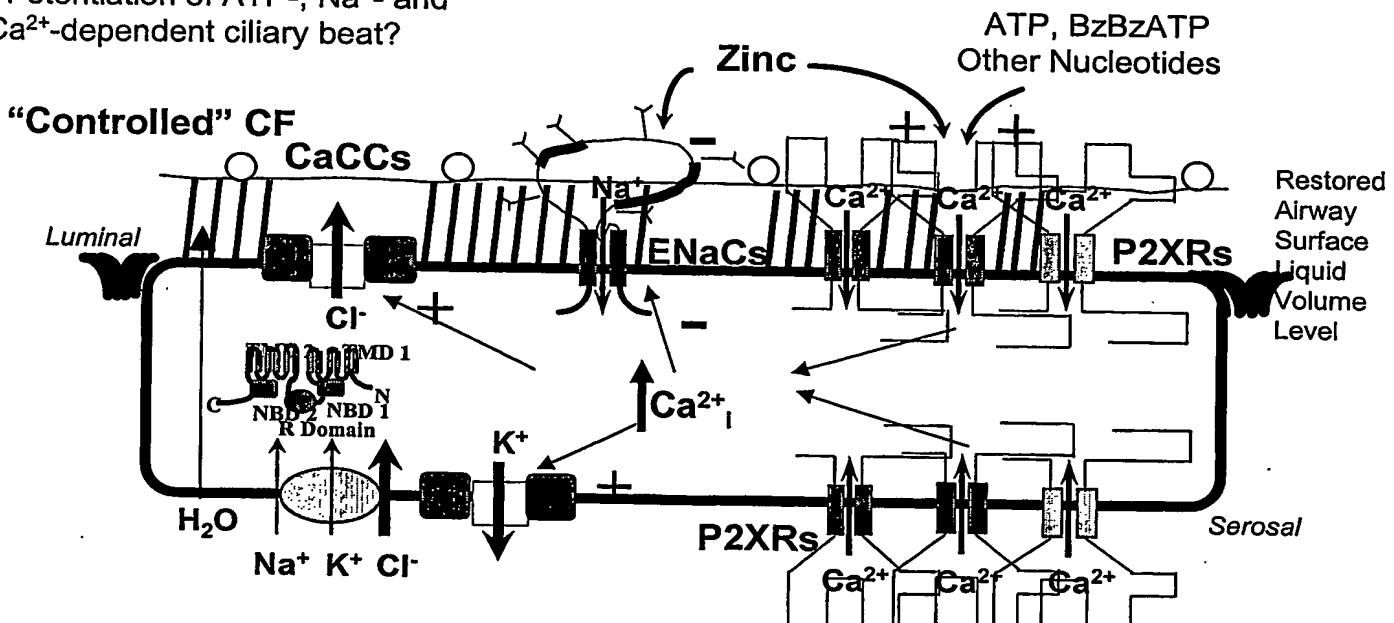
**Zinc benefits to CF lung therapy**

1B

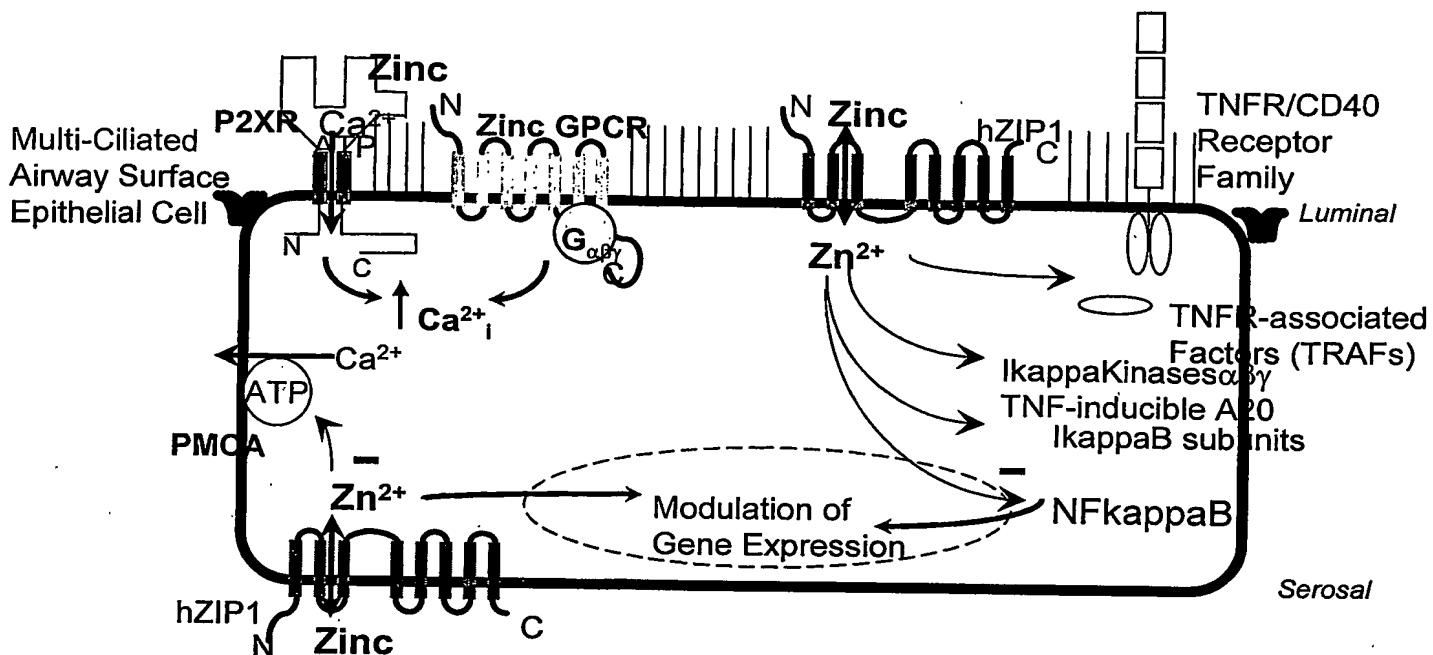
- Rescue of  $\text{Cl}^-$  and fluid secretion
- Attenuation of  $\text{Na}^+$  hyperabsorption
- Potentiation of ATP-,  $\text{Na}^+$ - and  $\text{Ca}^{2+}$ -dependent ciliary beat?



## Zinc as an anti-inflammatory for CF and other airway diseases such as asthma and common cold

2A

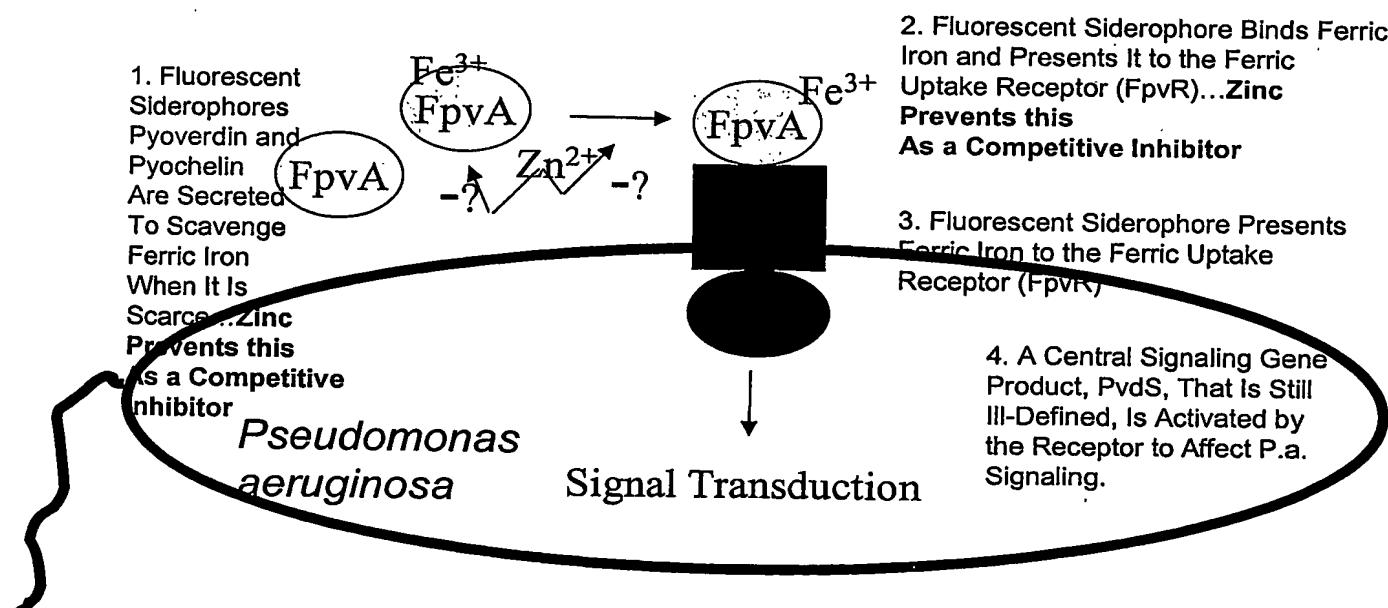
- Zinc in a solution-based formulation enters the cell as free ionic zinc and inhibits NFκB activation

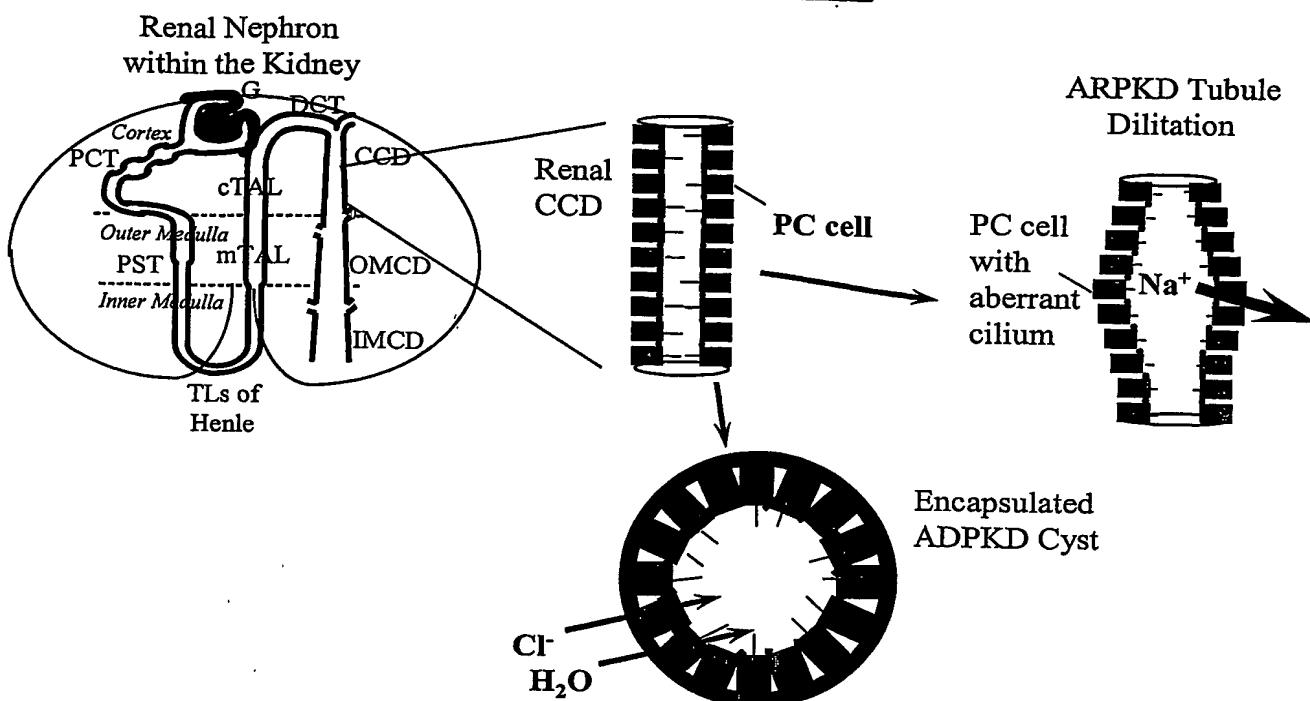


## Zinc as an anti-microbial for CF and other airway and GI diseases caused by bacterial pathogens

2B

- Zinc in a solution-based formulation competitively inhibits the metal scavenging system of a bacterium.

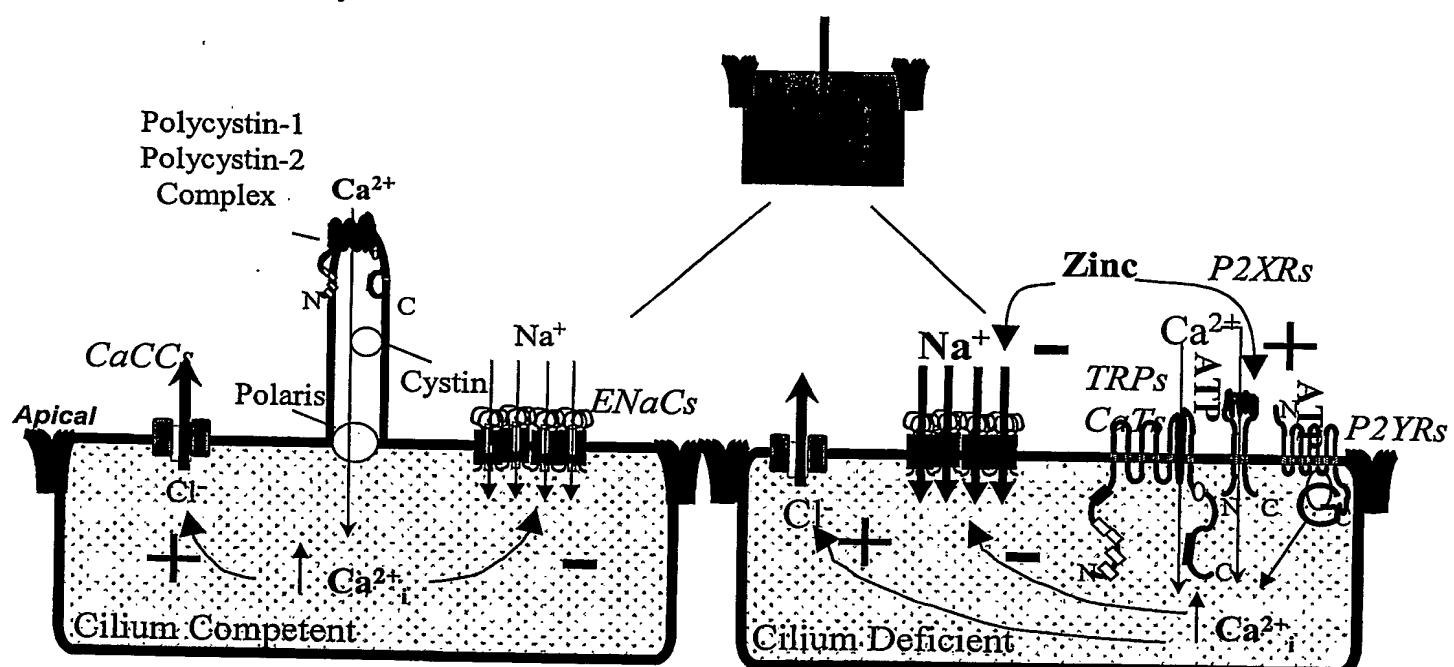




### Zinc benefits to PKD therapy and therapy of other renal hypertensive disorders

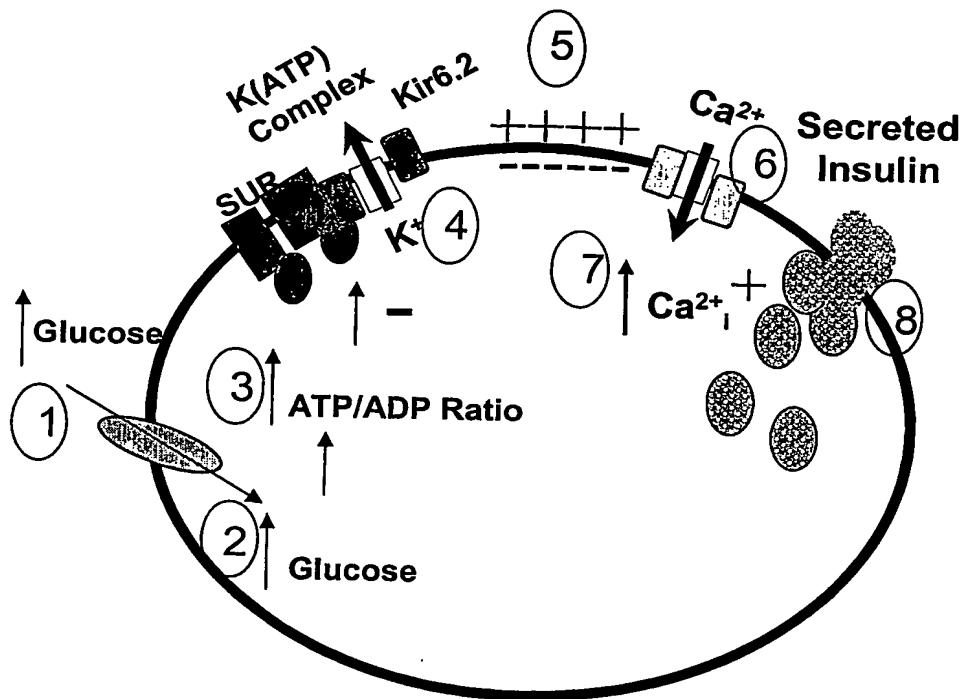
3B

- Direct inhibition of  $\text{Na}^+$  hyperabsorption
- Stimulation of P2XR  $\text{Ca}^{2+}$  entry channels “alternative” to cilium-derived  $\text{Ca}^{2+}$  entry



Normal Insulin Secretion in a Pancreatic Islet  $\beta$  Cell

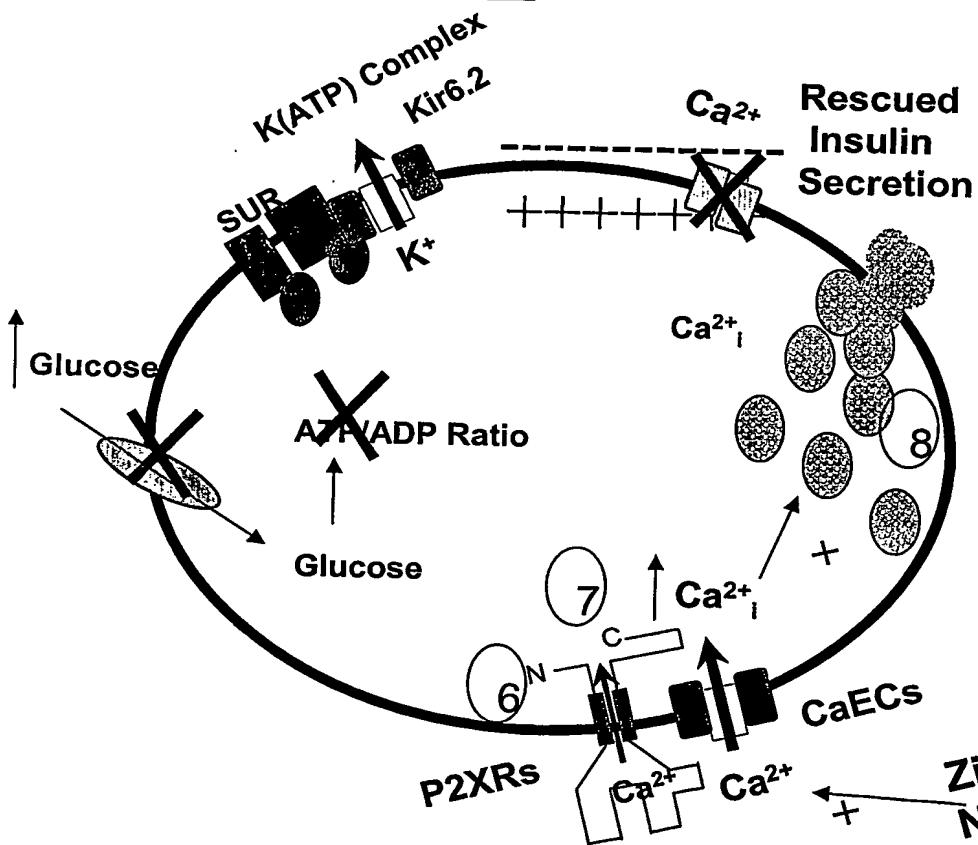
4A



- (1) Plasma glucose rises after a meal >
- (2) glucose enters the cell via GLUT transporters >
- (3) this causes the cytosolic [ATP] to rise >
- (4) this inhibits the K(ATP) complex ion channel that is normally basally active to maintain a hyperpolarized membrane potential >
- (5) closure of this channel depolarizes the  $\beta$  cell membrane >
- (6) this causes voltage-dependent calcium channels to open >
- (7) cytosolic calcium rises >
- (8) the elevation in cell calcium triggers exocytosis of insulin granules.

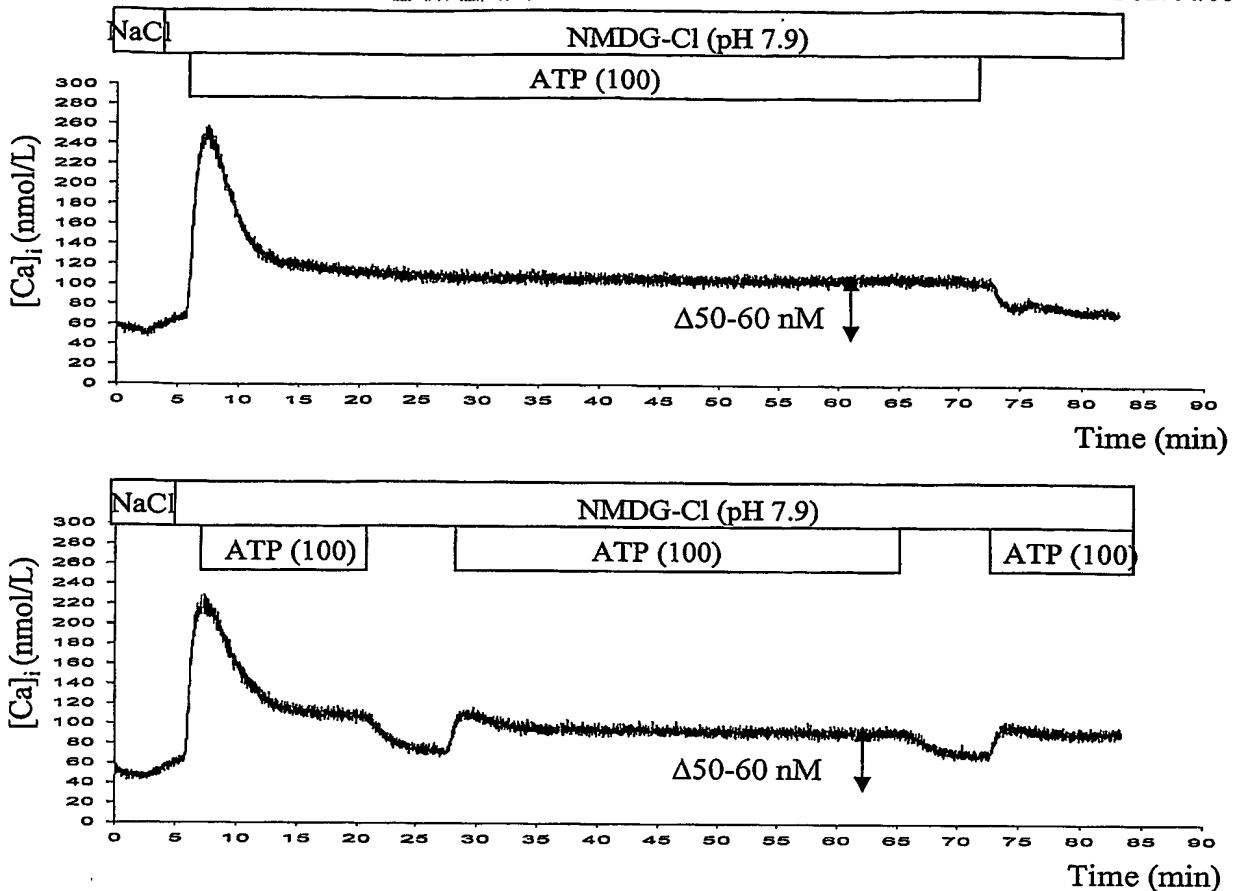
"Controlled" Diabetic  $\beta$  Cell

4B

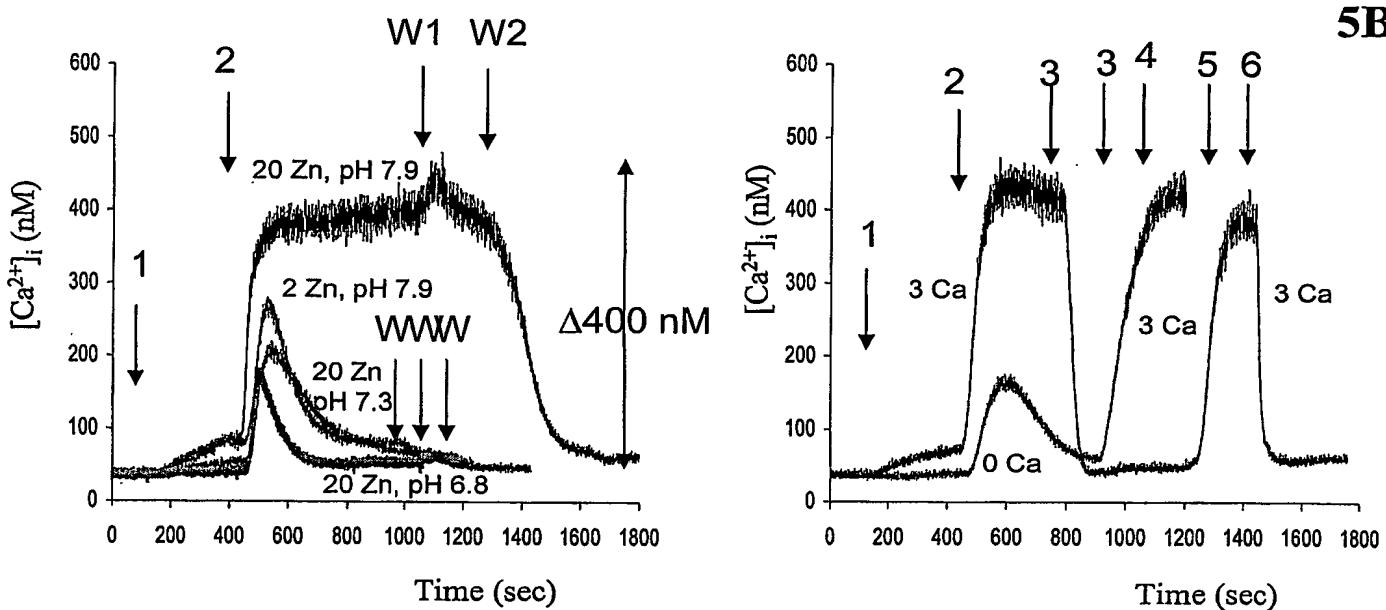


In the controlled diabetic scenario, by-passing the glucose- and voltage-dependent mechanism (Steps 1-5) by activating an "alternative" calcium entry pathway (CaEC), like the P2XR channels, could be an important therapeutic modality in type II diabetes and could re-stimulate insulin secretion. By this approach, we only require re-capitulation of Steps 6-8 for the diabetic  $\beta$  cell or any endocrine cell where there is failure to secrete ligand.

5A



5B



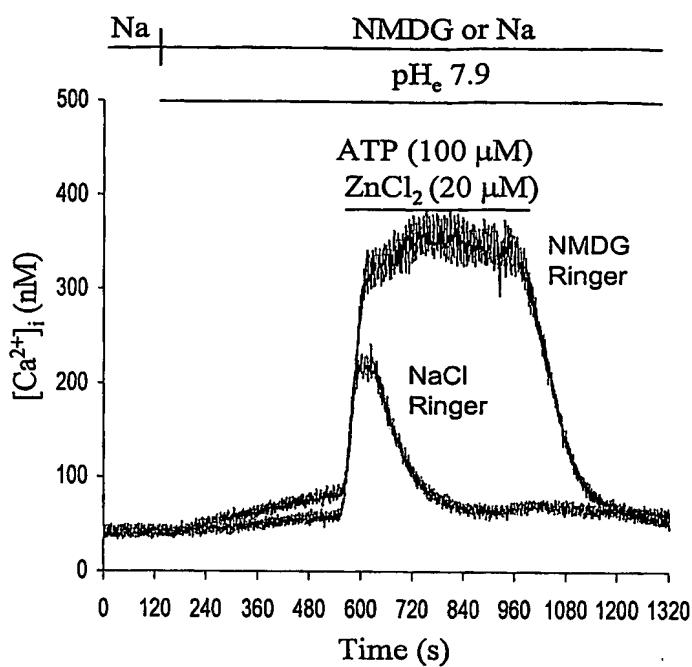
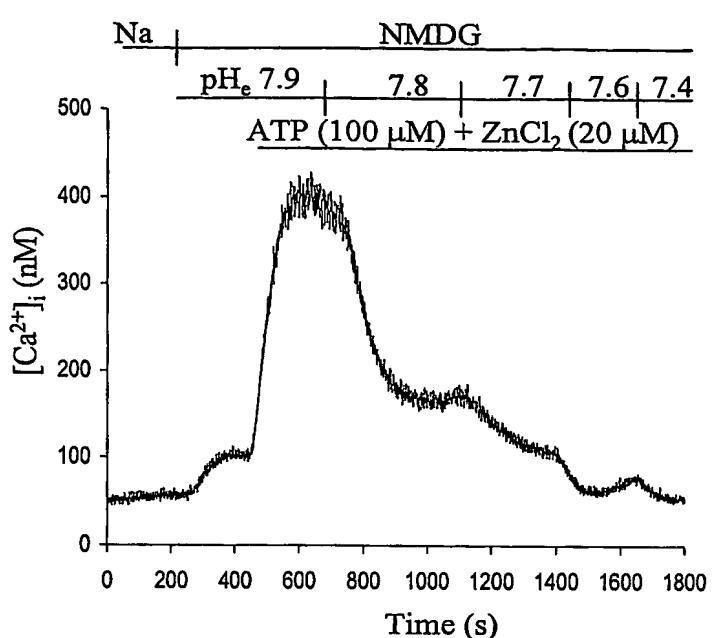
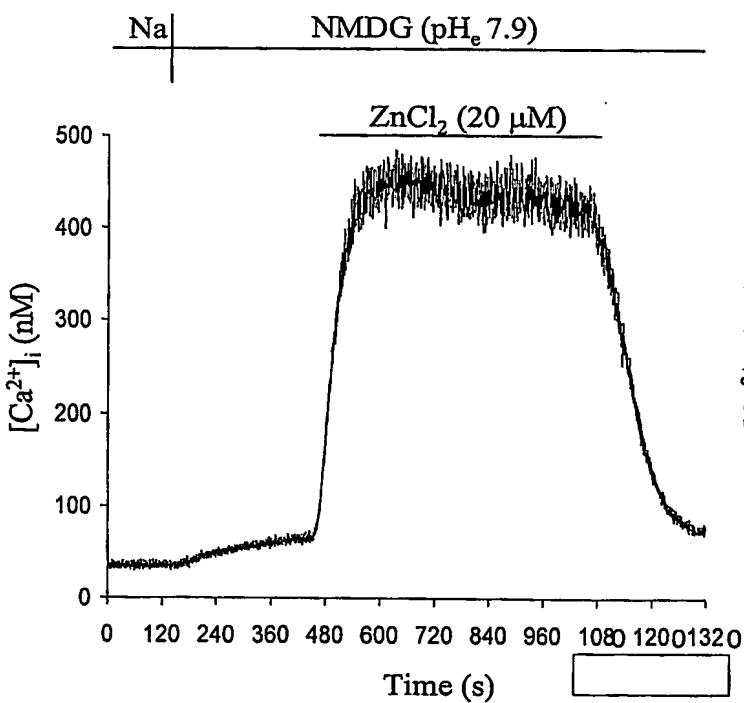
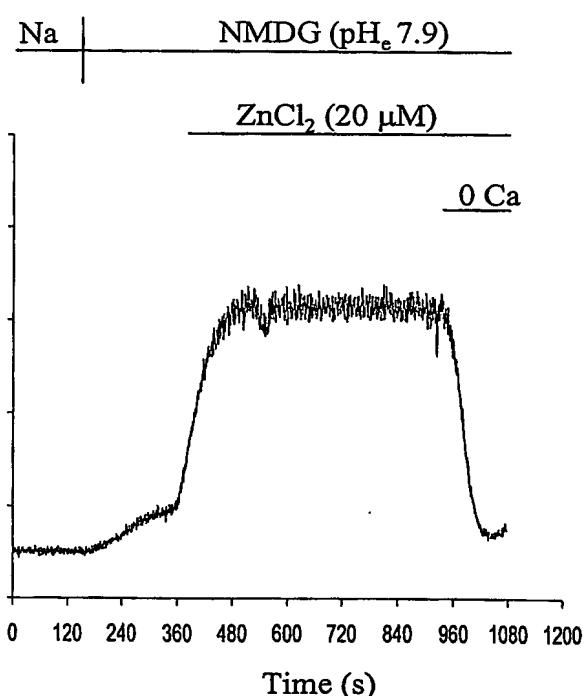
Black = 100 ATP, 20 Zn, pH 7.9

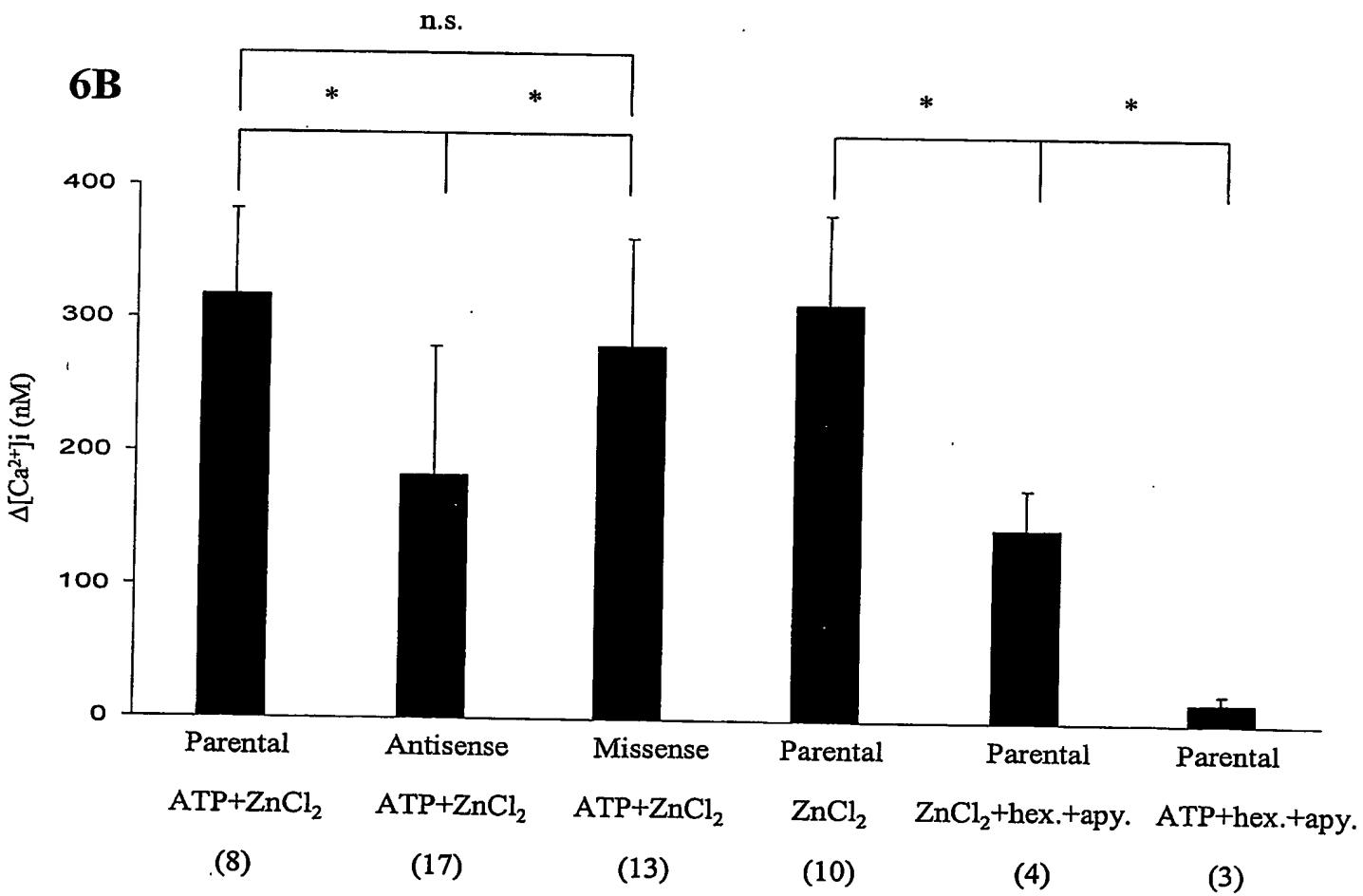
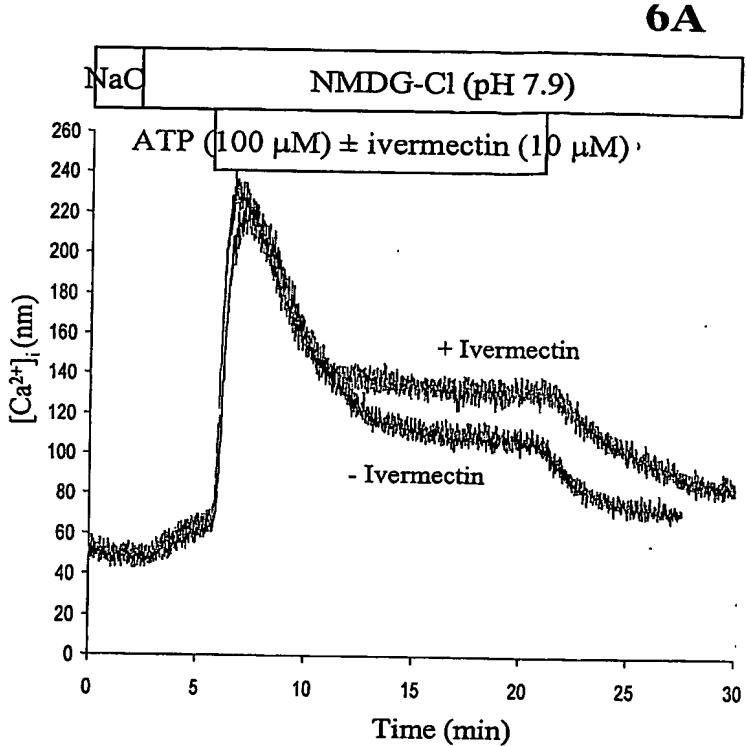
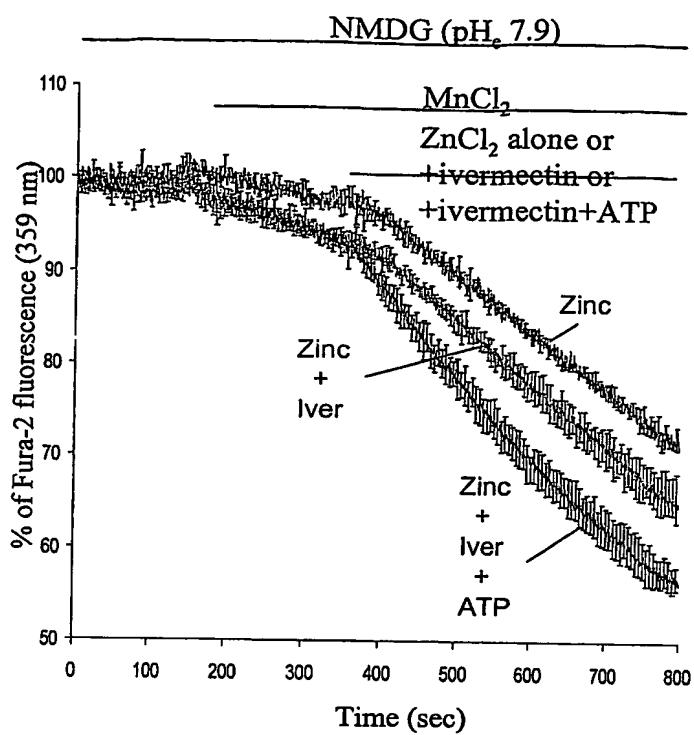
Red = 100 ATP, 2 Zn, pH 7.9

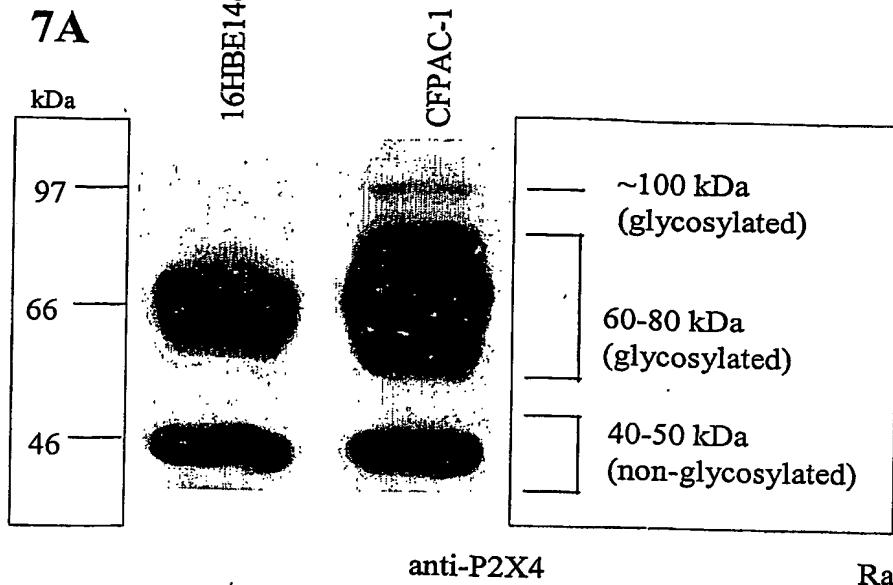
Blue = 100 ATP, 20 Zn, pH 7.3

Green = 100 ATP, 20 Zn, pH 6.8

Black = 20 Zn, pH 7.9 plus Extracellular Ca<sup>2+</sup>Red = 20 Zn, pH 7.9, 0 Extracellular Ca<sup>2+</sup>,  
then, add back 3 mM Ca<sup>2+</sup>

**5C****5D****5E****5F**



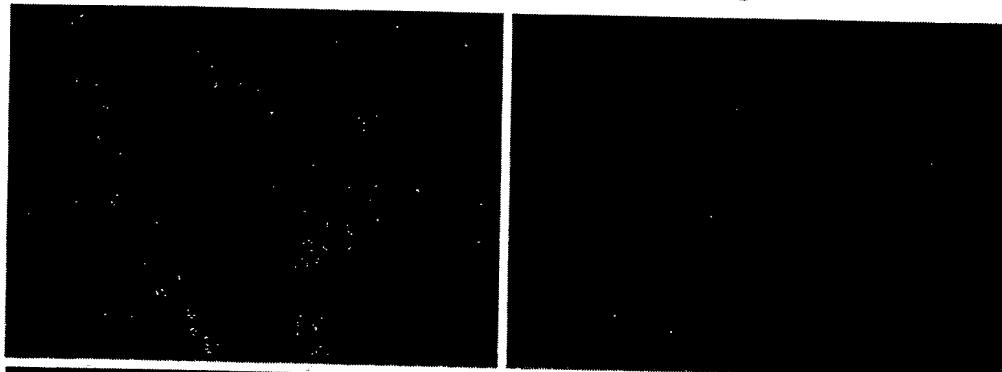
**7A**

anti-P2X4

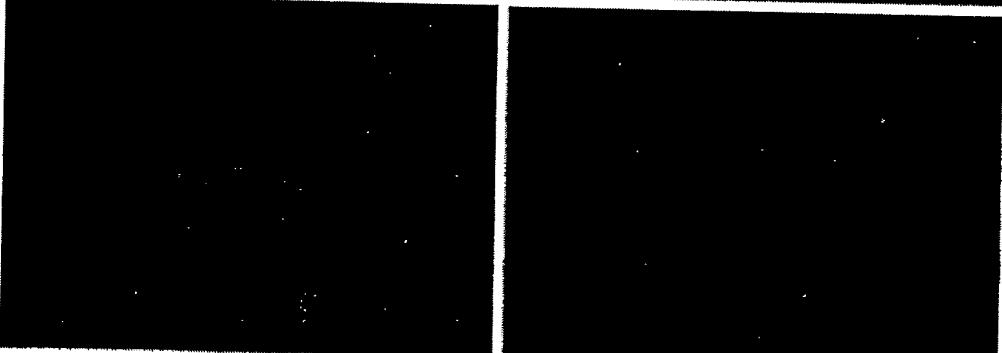
Rabbit IgG control

**7B**

Normal Human Bronchiolus



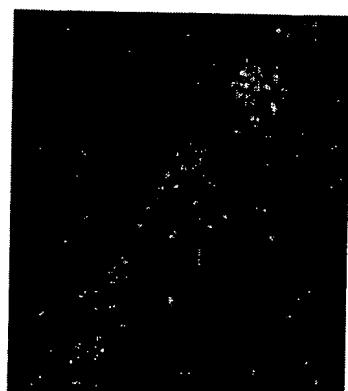
CF Human Bronchiolus

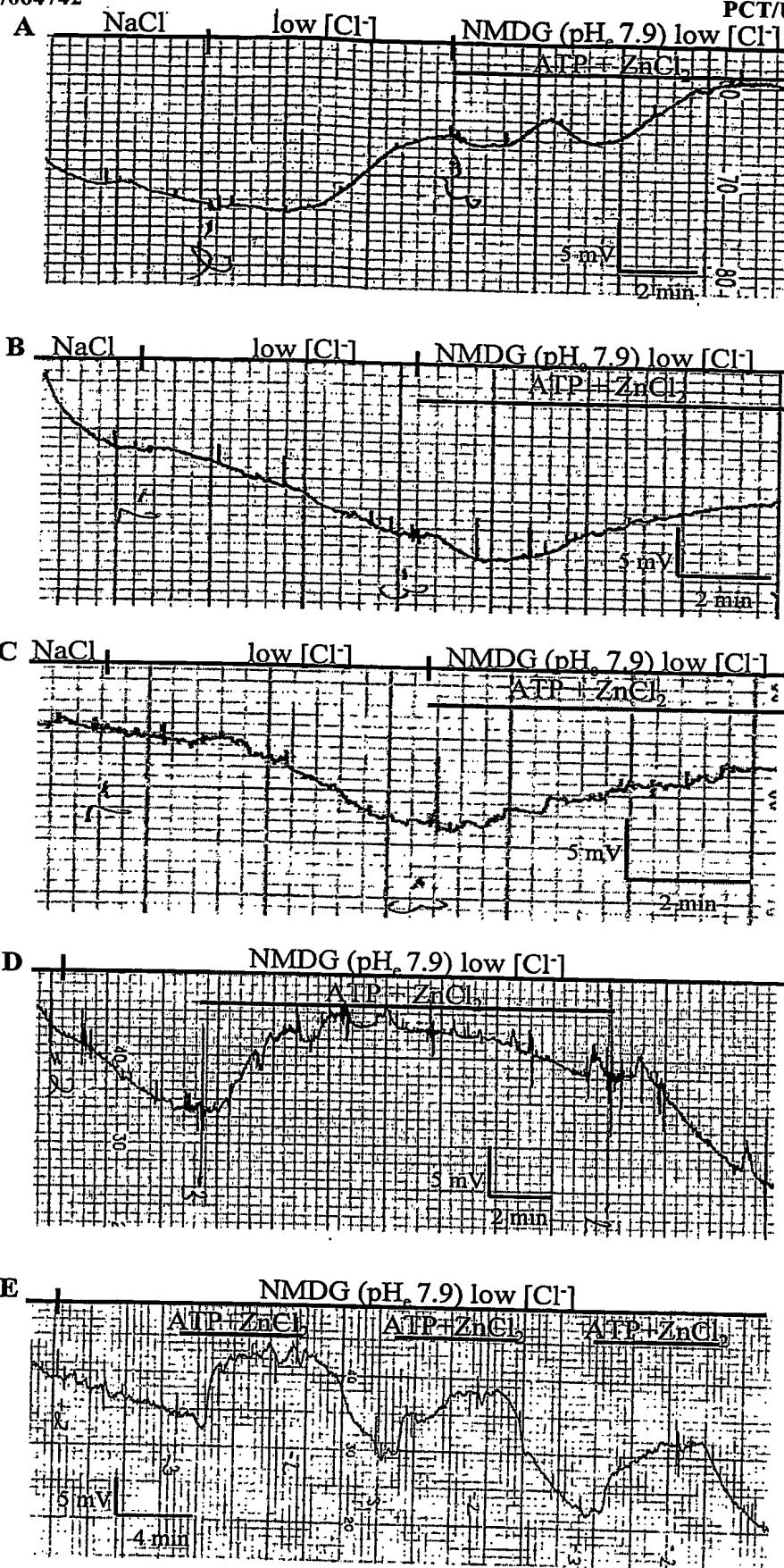


Normal Human Airway Surface Epithelium



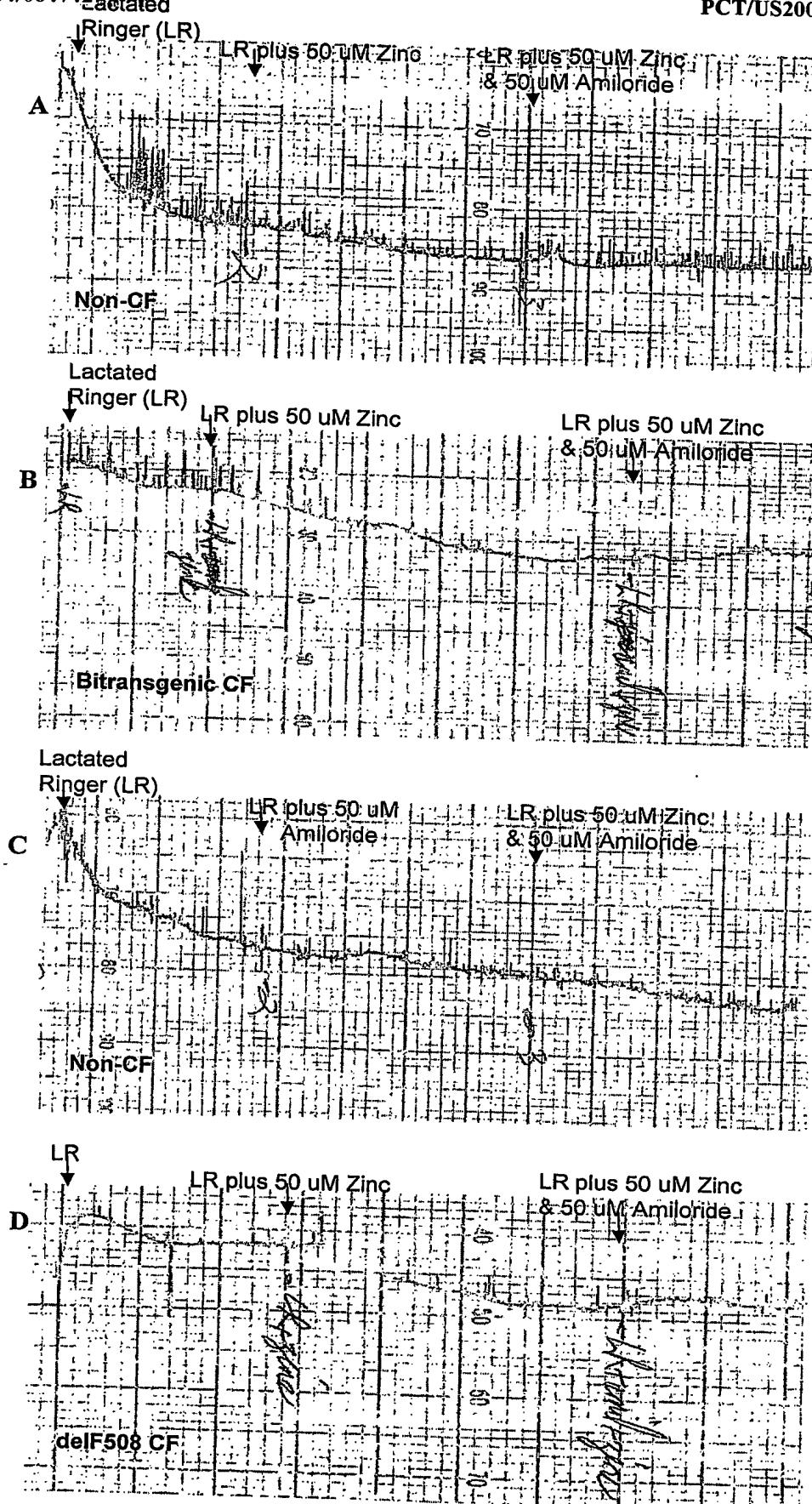
CF Human Airway Surface Epithelium

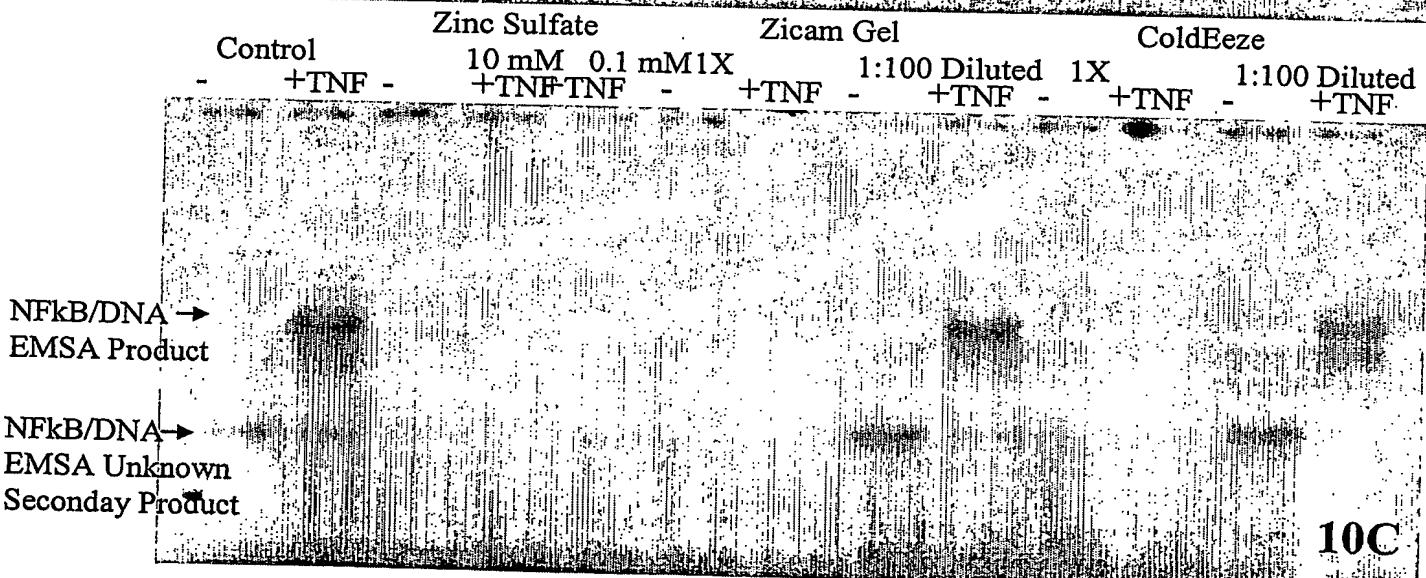
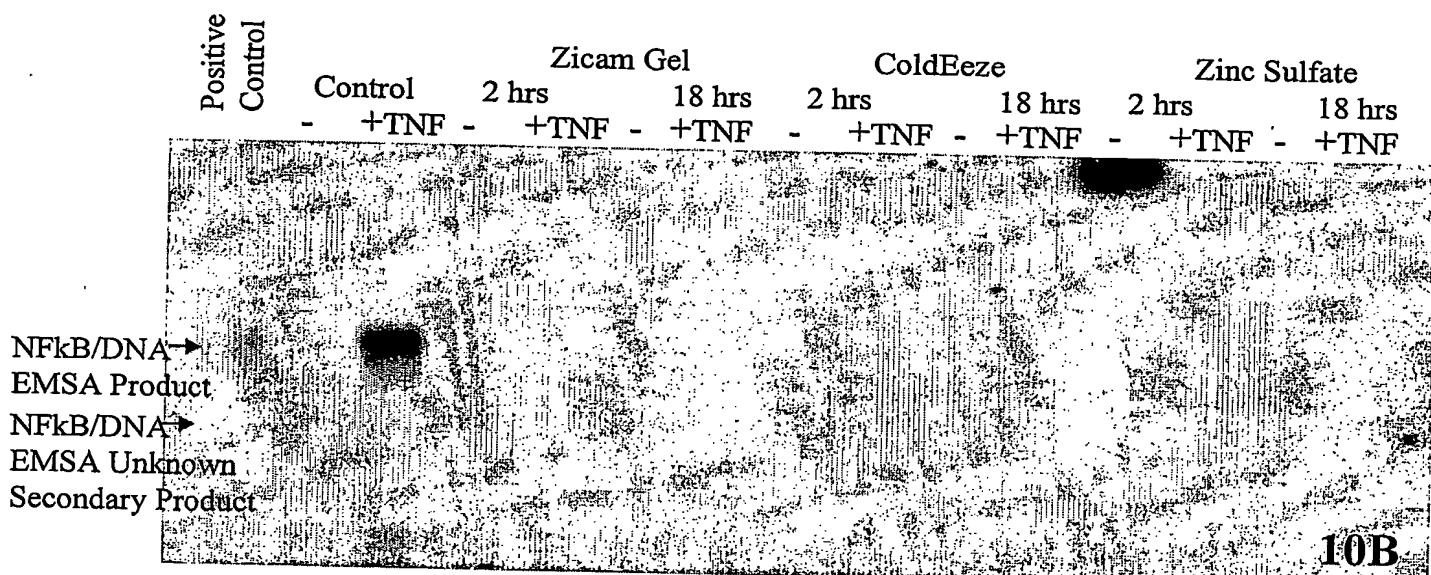
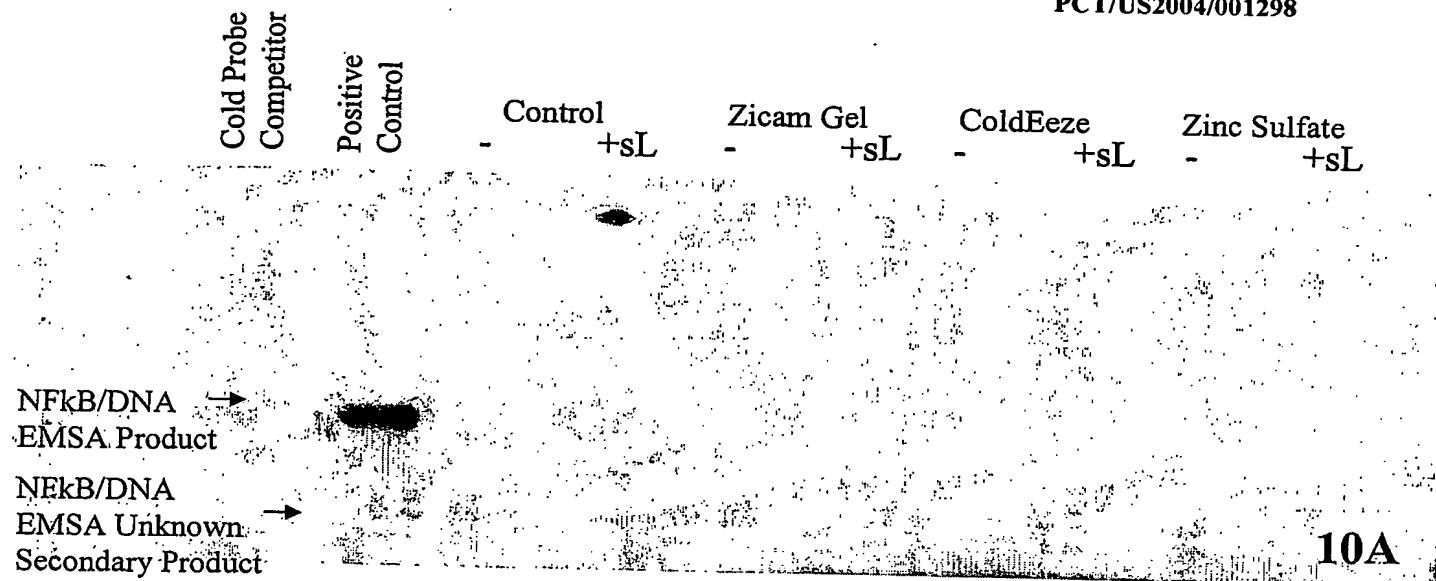


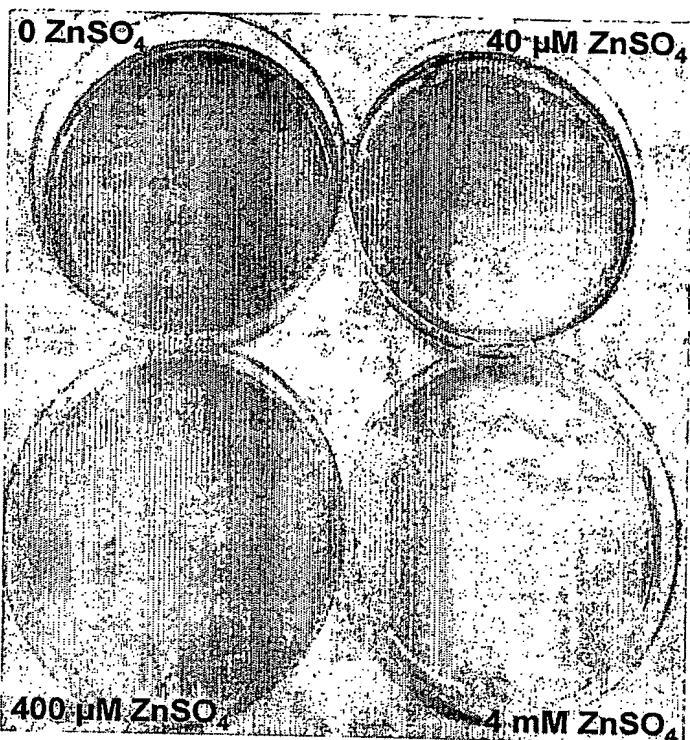


Transepithelial Nasal Potential Difference Values of Control,  $\Delta$ 508 CF and Bitransgenic CF Mice

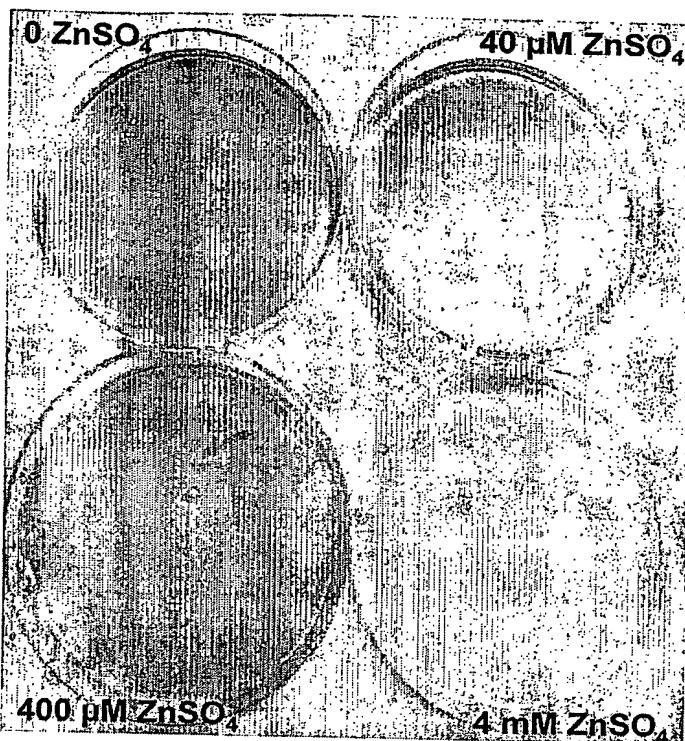
	Control Cftr(+/+)	n	CF Cftr( $\Delta$ F508/ $\Delta$ F508)	n	Bitransgenic CF Cftr(-/-)	n
Starting point	-18.7 ± 6.5	19	-26.3 ± 7.2*	11	-26.1 ± 3.8*	14
Low [Cl] <sub>e</sub> (Na <sup>+</sup> ; pH:7.3)	-5.5 ± 1.5	8	+3.7 ± 1.6*	3	+4.8 ± 2.5*	7
ATP + ZnCl <sub>2</sub> (NMDG; pH:7.9)	-4.7 ± 1.8	6	-4.0 ± 2.0	3	-3.8 ± 2.0	12
Low [Cl] <sub>e</sub> (Na <sup>+</sup> ; pH:7.9)	-4.8 ± 2.0	6	+5.4 ± 2.8*	7	+6.7 ± 4.0*	3
ATP + ZnCl <sub>2</sub> (NMDG; pH:7.9)	-6.0 ± 1.4	2	-9.4 ± 1.6**	8	-9.7 ± 3.1**&	3
Low [Cl] <sub>e</sub> (NMDG; pH:7.9)	-4.8 ± 3.3	5			+5.8 ± 1.9*	4
ATP + ZnCl <sub>2</sub> (NMDG; pH:7.9)	-5.7 ± 1.2	3			-10.2 ± 1.3**&	6
ATP alone (NMDG; pH:7.9)					-2.3 ± 1.0\$	4
Low [Cl] <sub>e</sub> (NMDG; no added Ca <sup>2+</sup> ; pH:7.9)	-7.3 ± 0.6	3			+6.0 ± 0.8*	4
ATP + ZnCl <sub>2</sub> (NMDG; no added Ca <sup>2+</sup> ; pH:7.9)	-1.3 ± 0.6\$	3			-2.0 ± 1.2\$	4



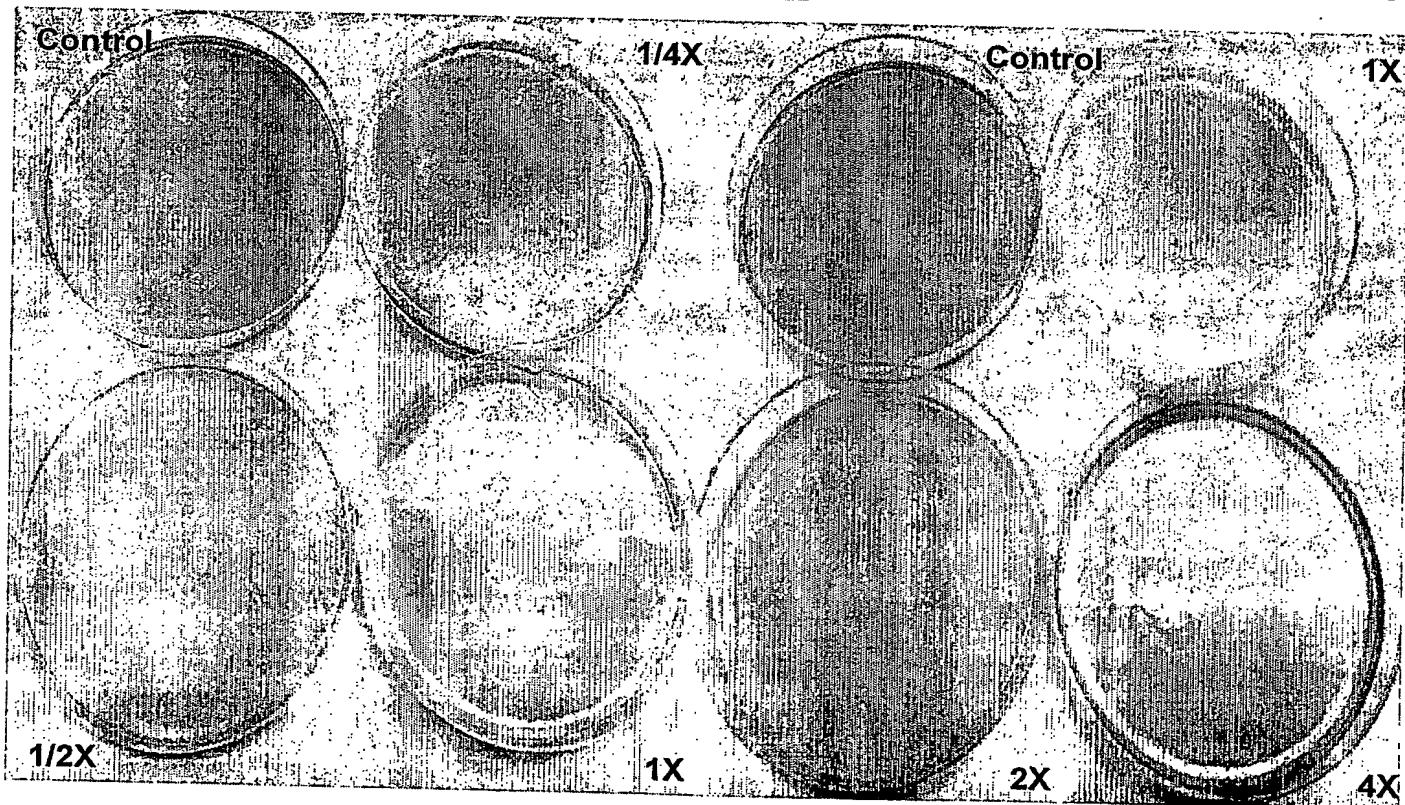


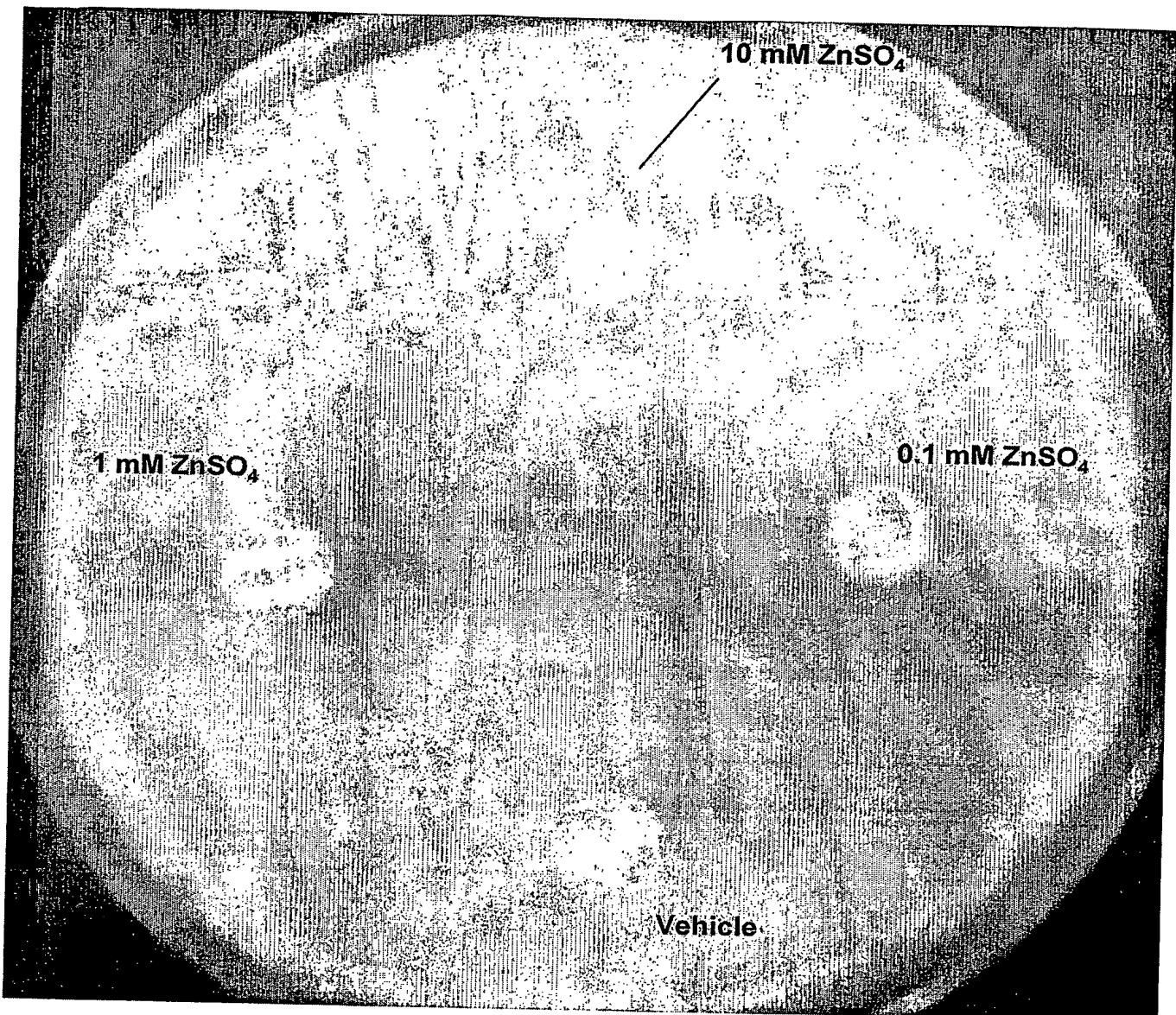
Non-mucoid *P.a.*Mucoid *P.a.*

11A

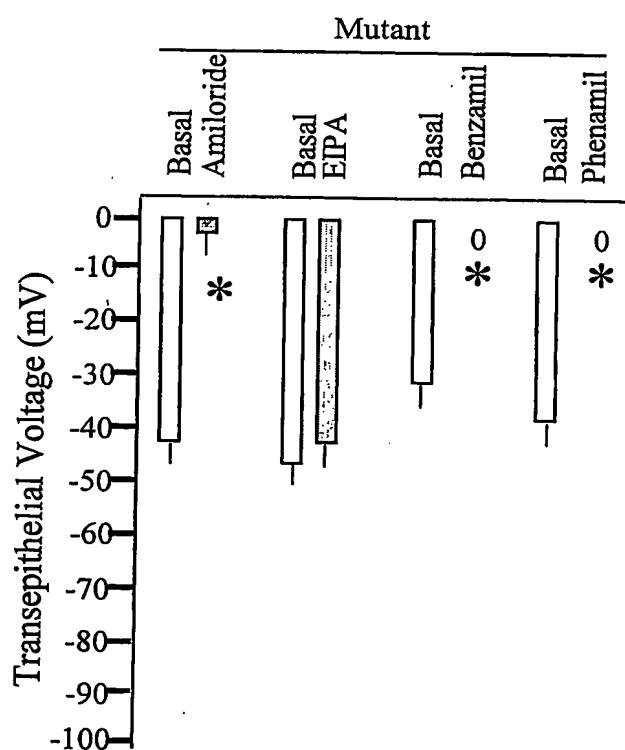
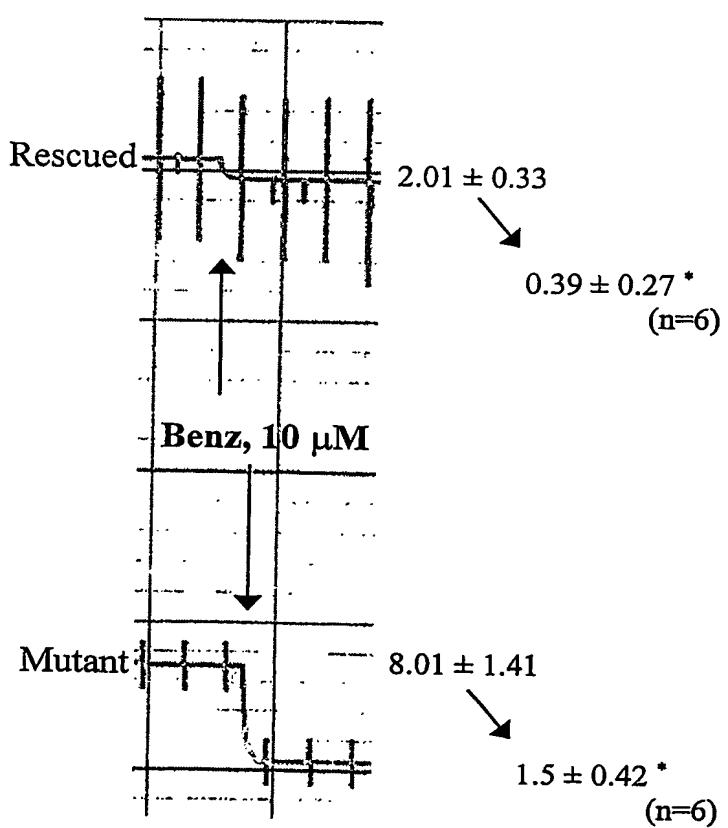
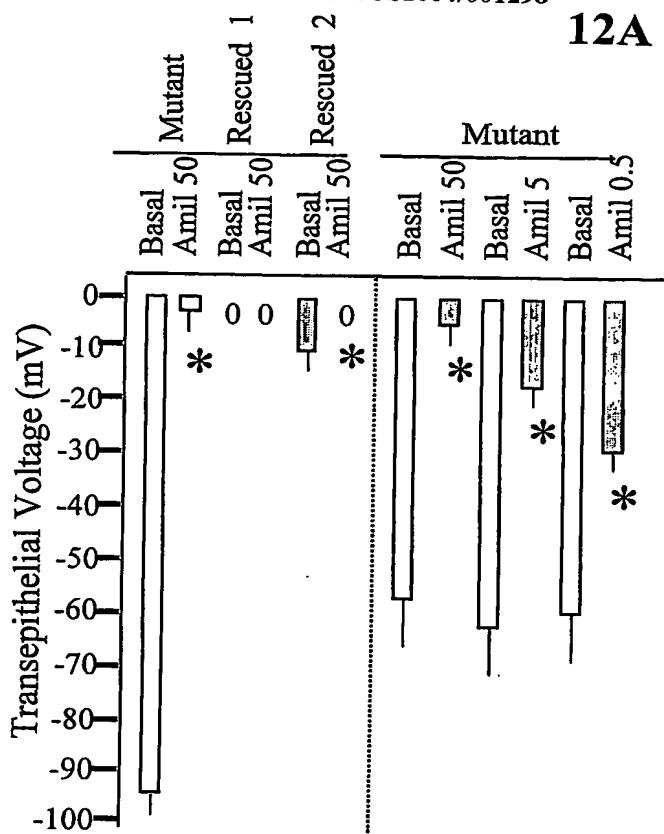
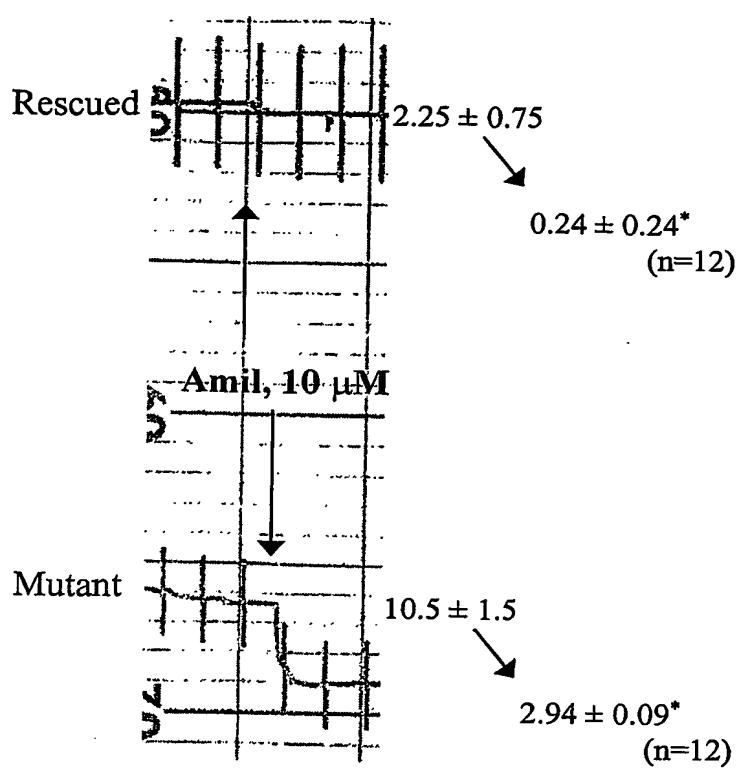
Mucoid *P.a.*

11B

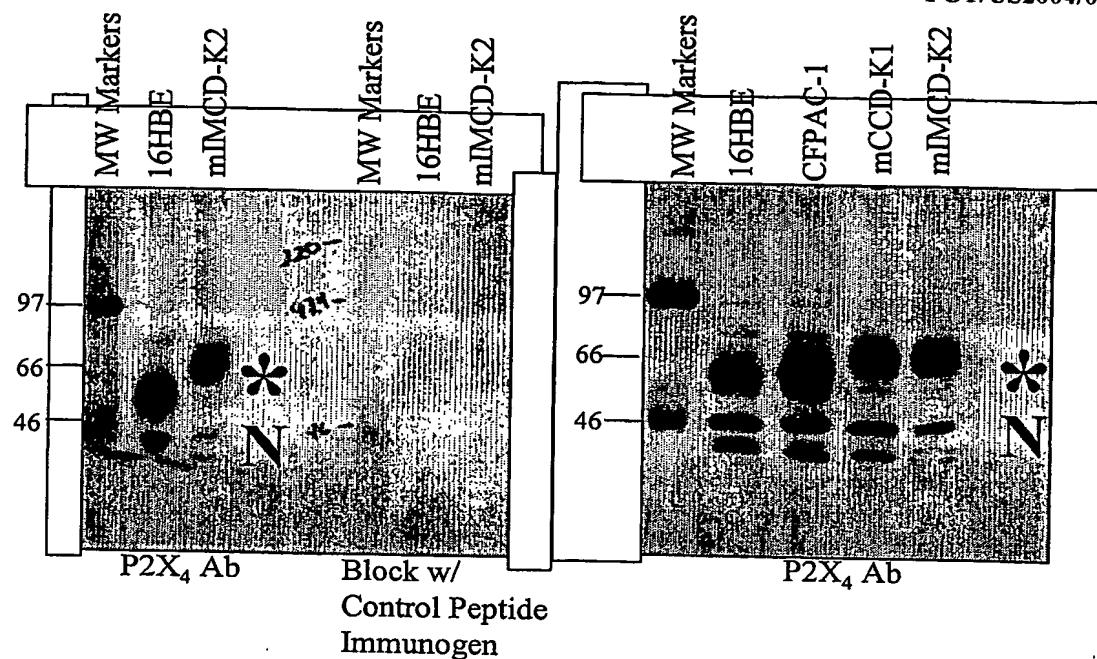




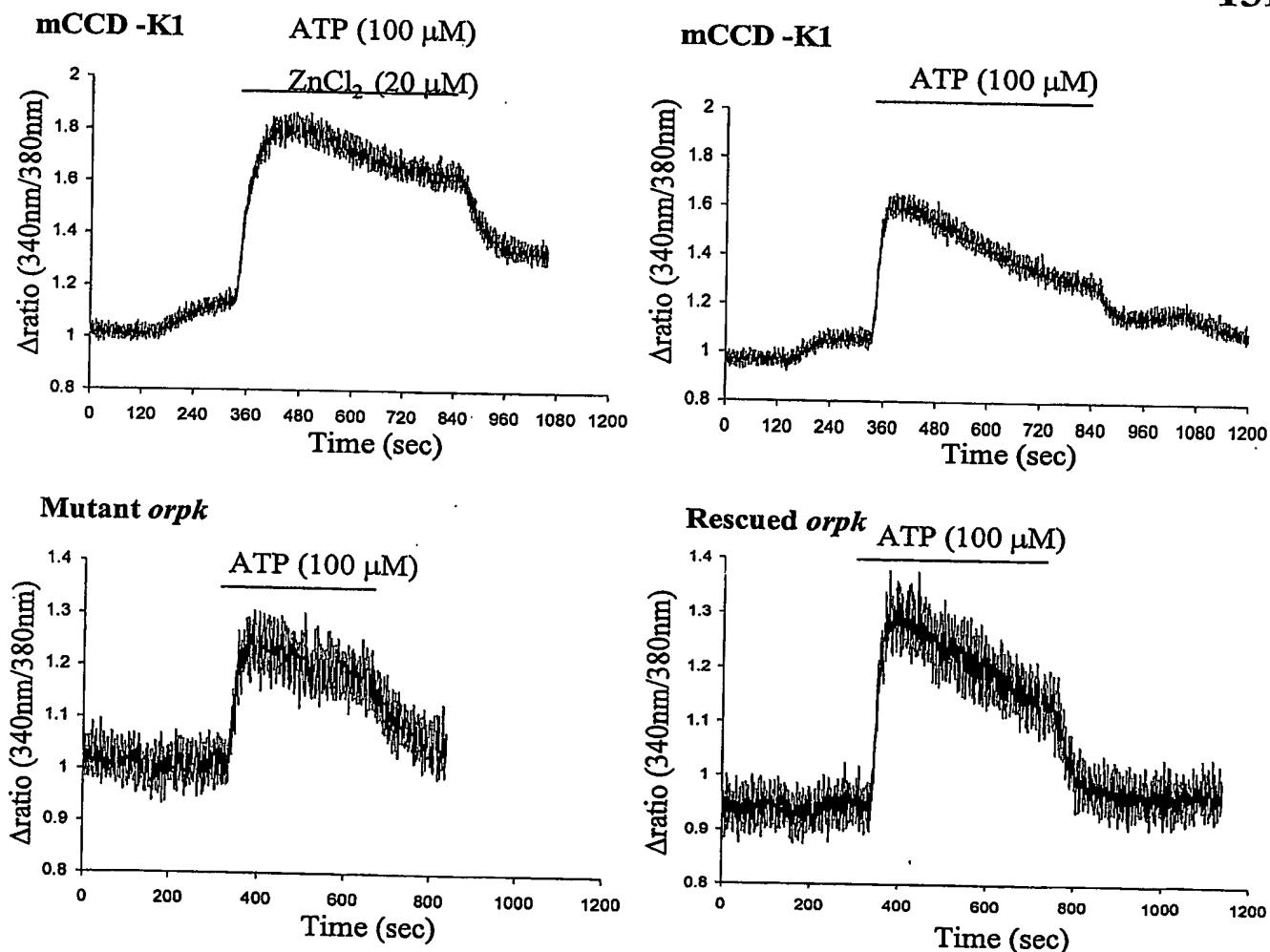
*E. coli.*



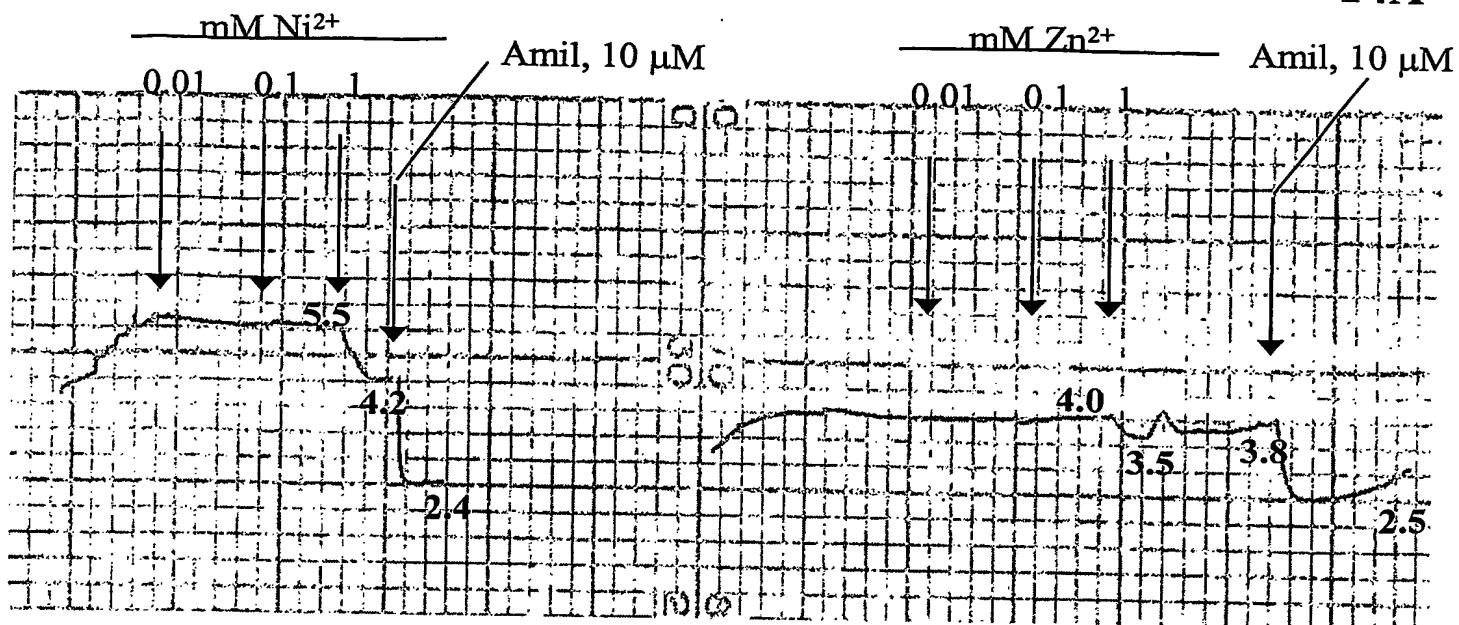
13A



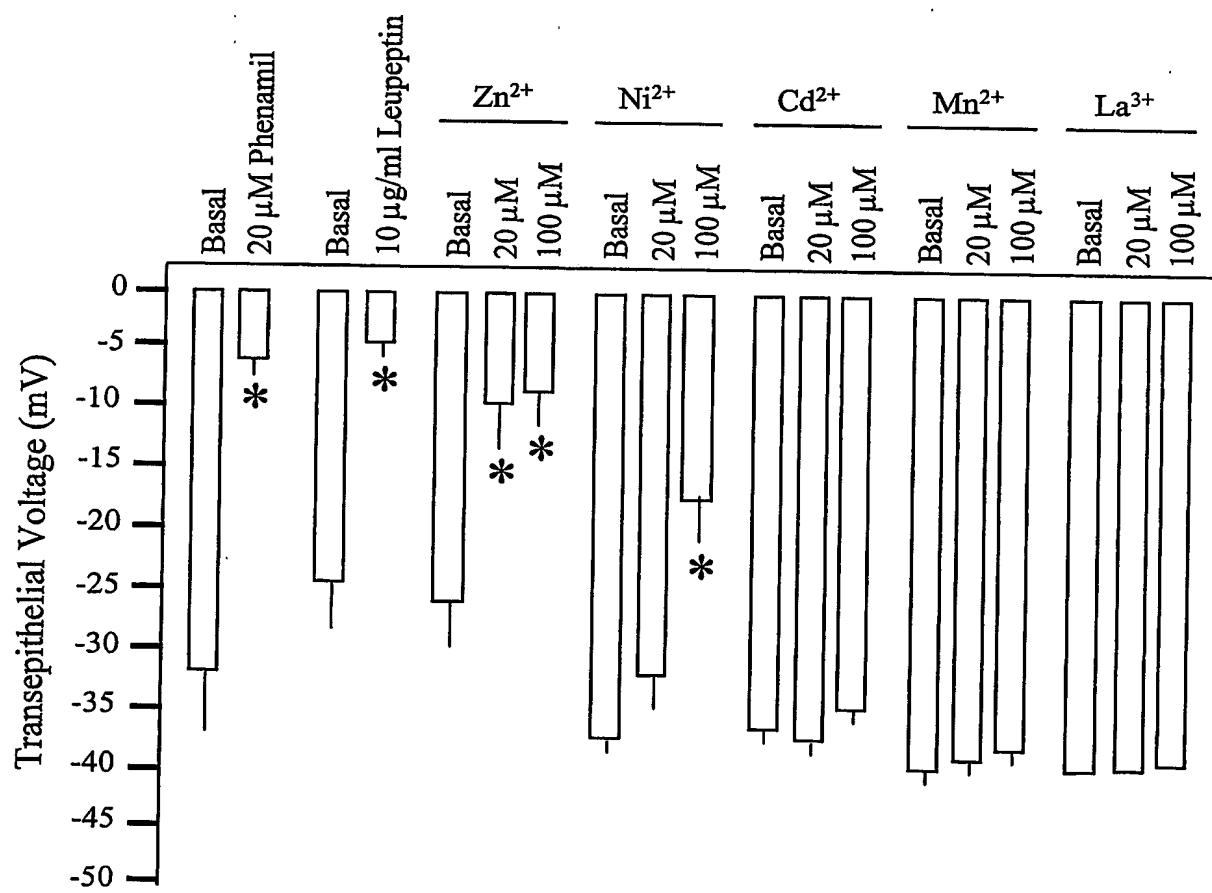
13B



14A



14B

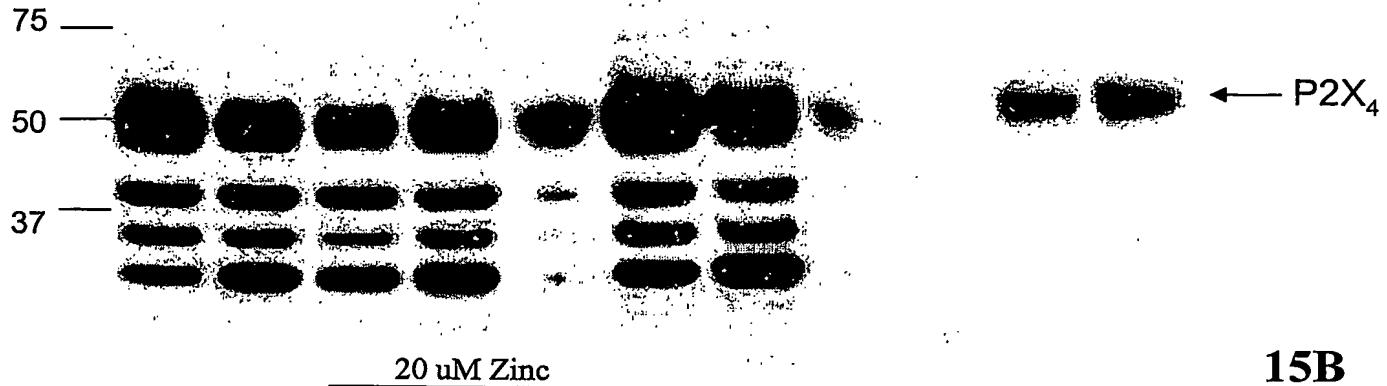


15A

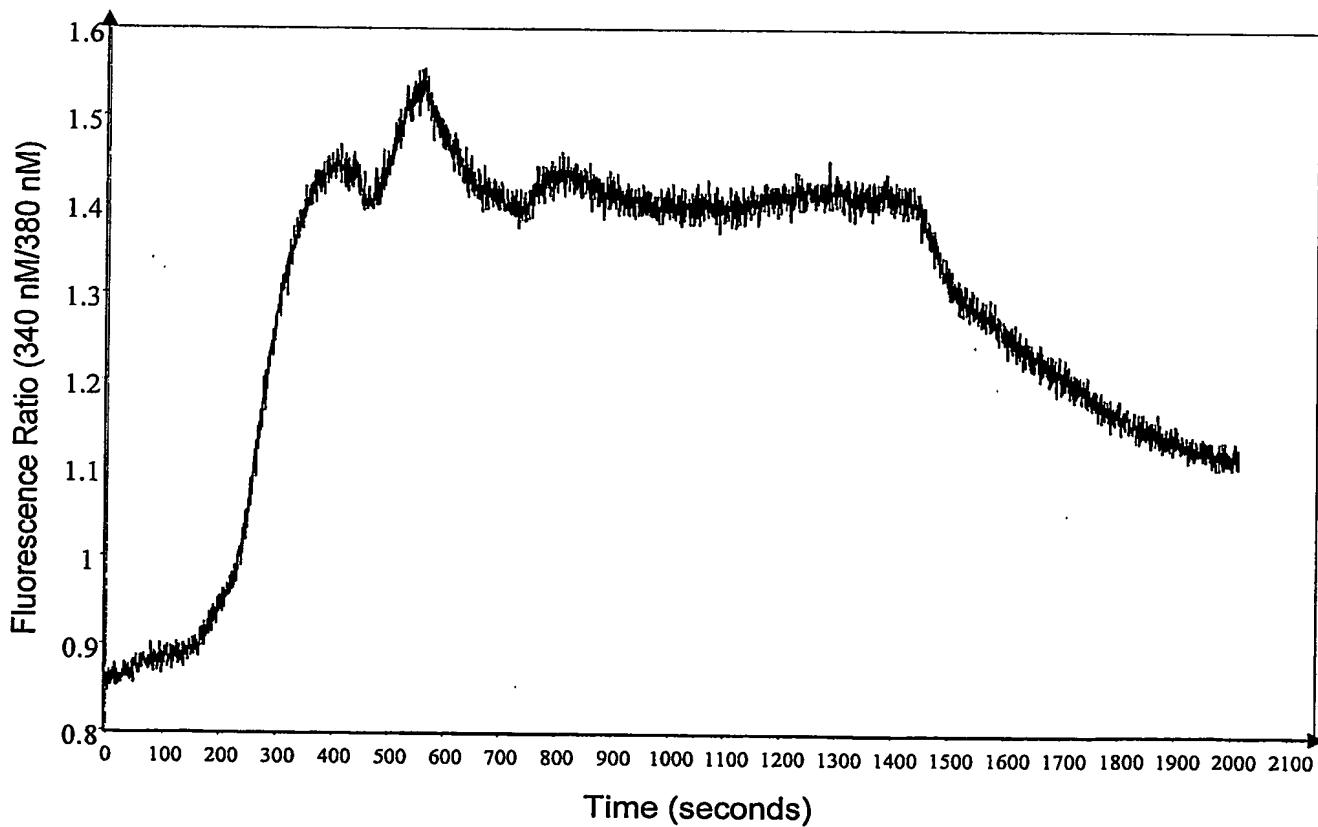
IB3-1 CF Airway Lysates  
(Positive Controls)

INS-1 Lysates  
MW 1 2

MW  
(kDa)



15B



Modified Saline\*\* (pH 7.3)Modified Saline (pH 7.3) + 15 mM Glucose

Time	Absorbance	[Insulin]	Time	Absorbance	[Insulin]
15"	0.682 ± 0.03	~3.0 ng/ml	15"	1.070 ± 0.05	~5.0 ng/ml
15'	0.765 ± 0.04	3.25	15'	0.957 ± 0.07	4.5
30'	0.794 ± 0.06	3.5	30'	1.204 ± 0.10	5.5
60'	1.794 ± 0.09	9.0	60'	2.065 ± 0.05	11.0
120'	1.137 ± 0.05	5.0	120'	1.105 ± 0.18	5.0

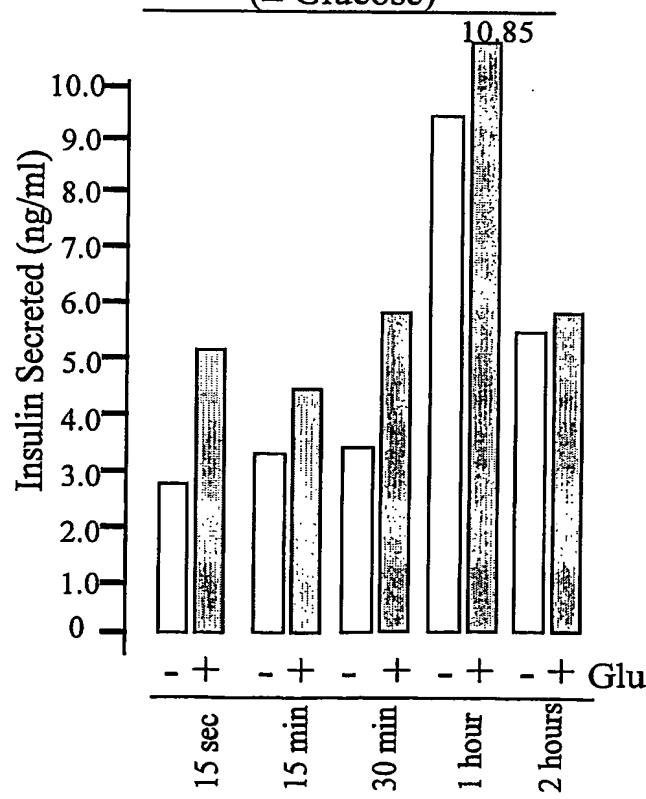
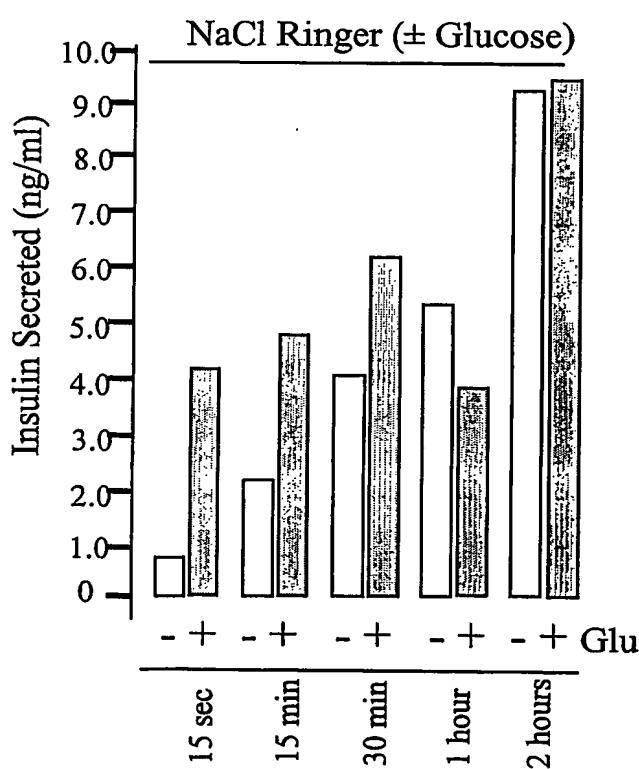
\*Generous gift of Dr. Chris Newgard at Duke.

\*\*Modified saline is 0 Na (substituted fully by NMDG), 0 Mg, and 3 mM Ca.

Standard Curve

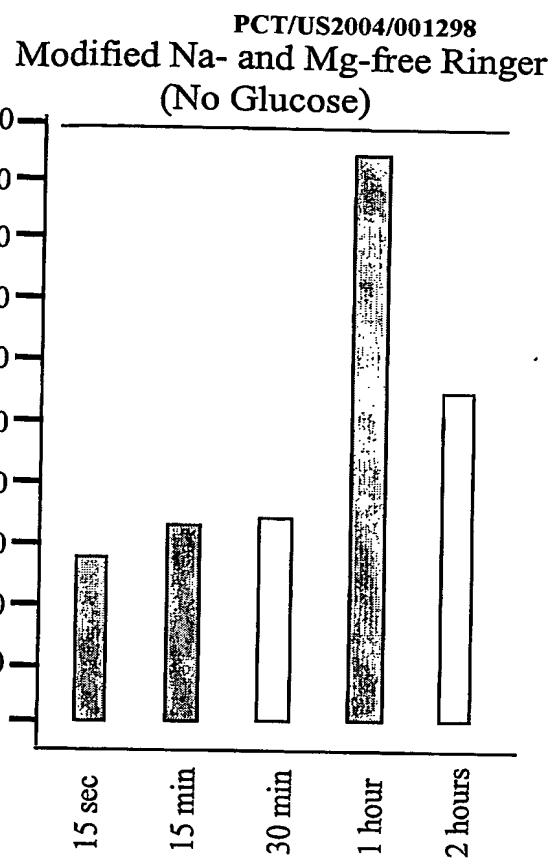
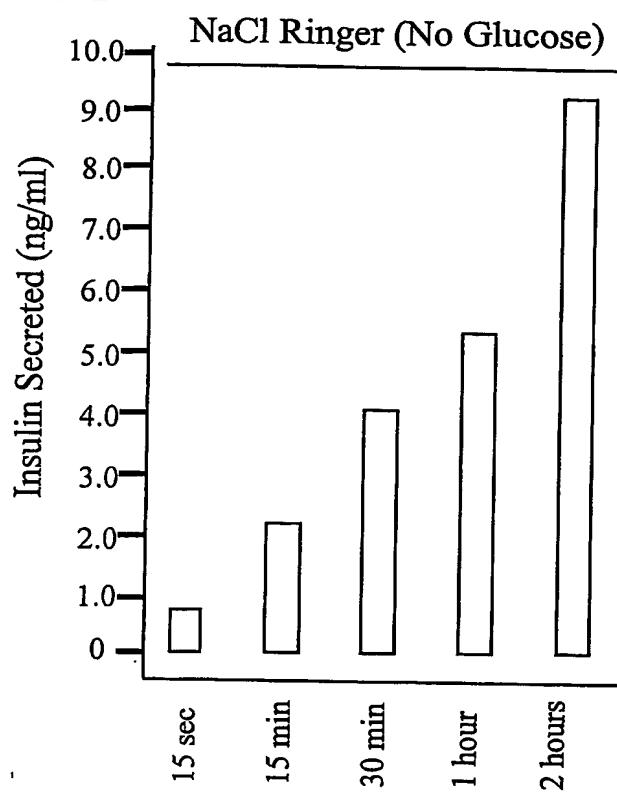
Absorbance	[Insulin]
0.248	0.0
0.226	0.2 ng/ml
0.280	0.5 ng/ml
0.377	1.0 ng/ml
0.559	2.0 ng/ml
1.10	5.0 ng/ml
1.91	10.0 ng/ml
~3.0	~20 ng.ml

## 16B

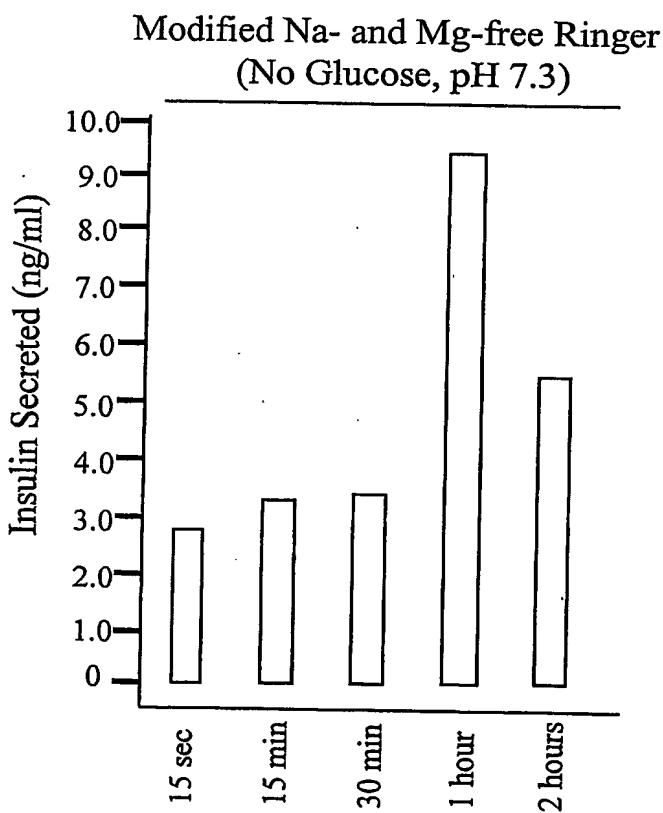
Modified Na- and Mg-free Ringer (± Glucose)

**17A**

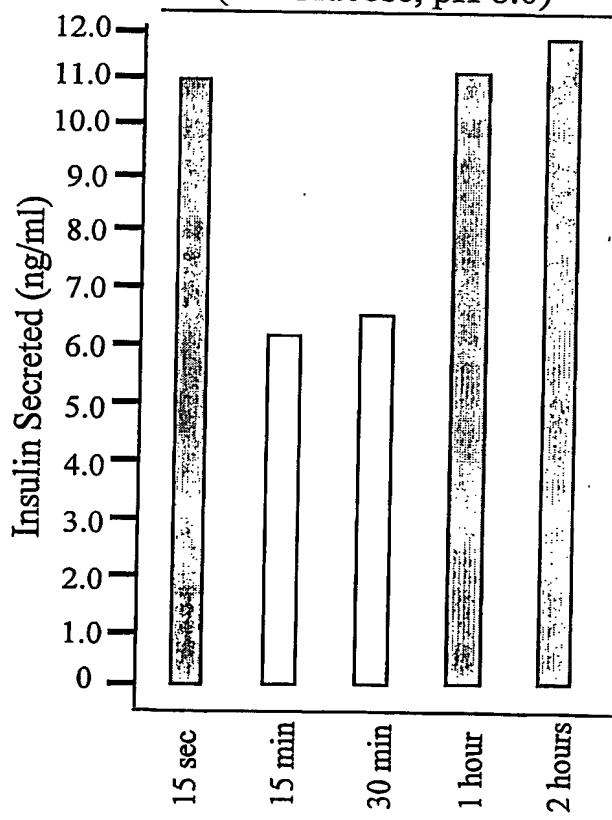
WO 2004/064742

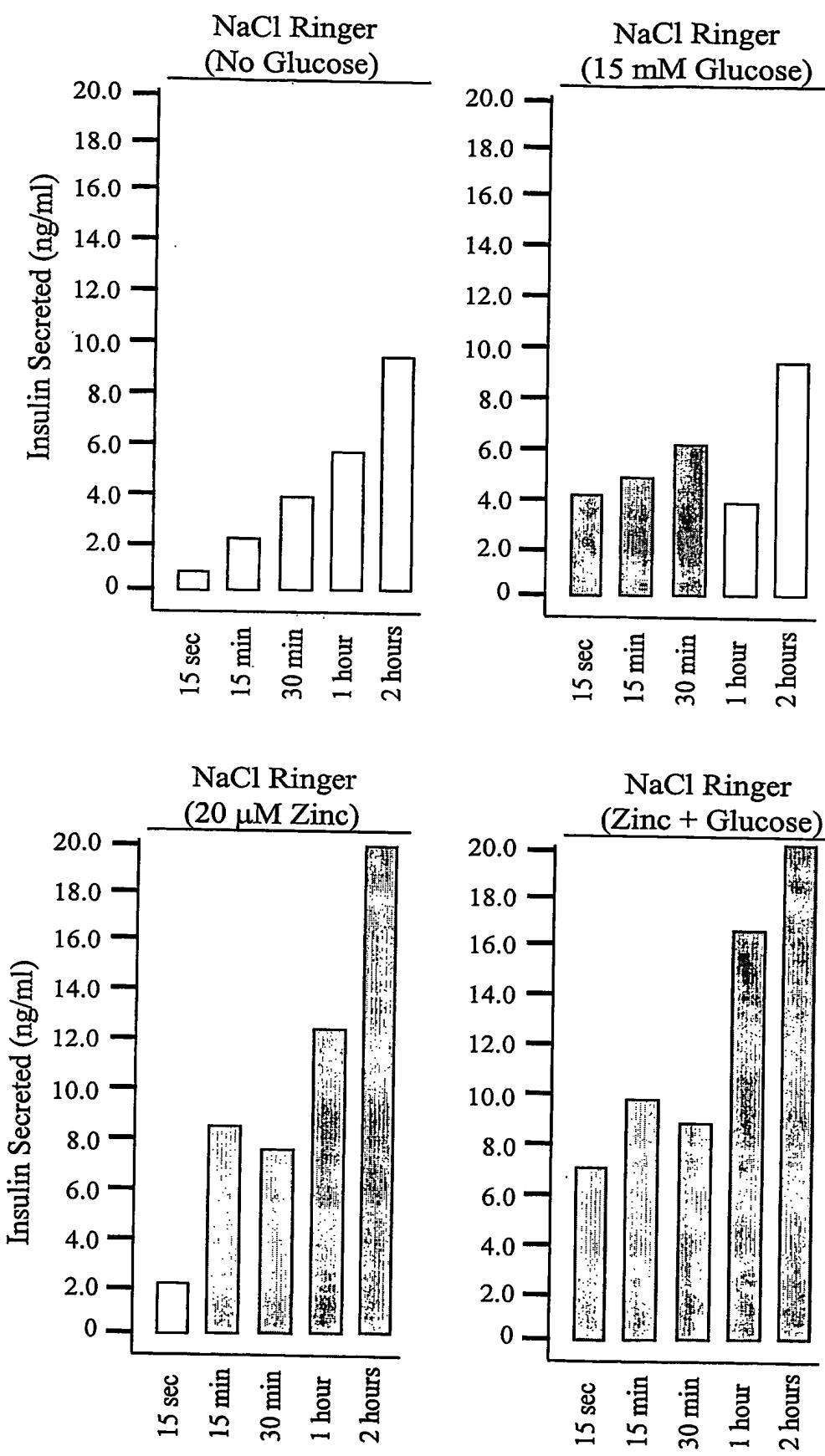


**17B**



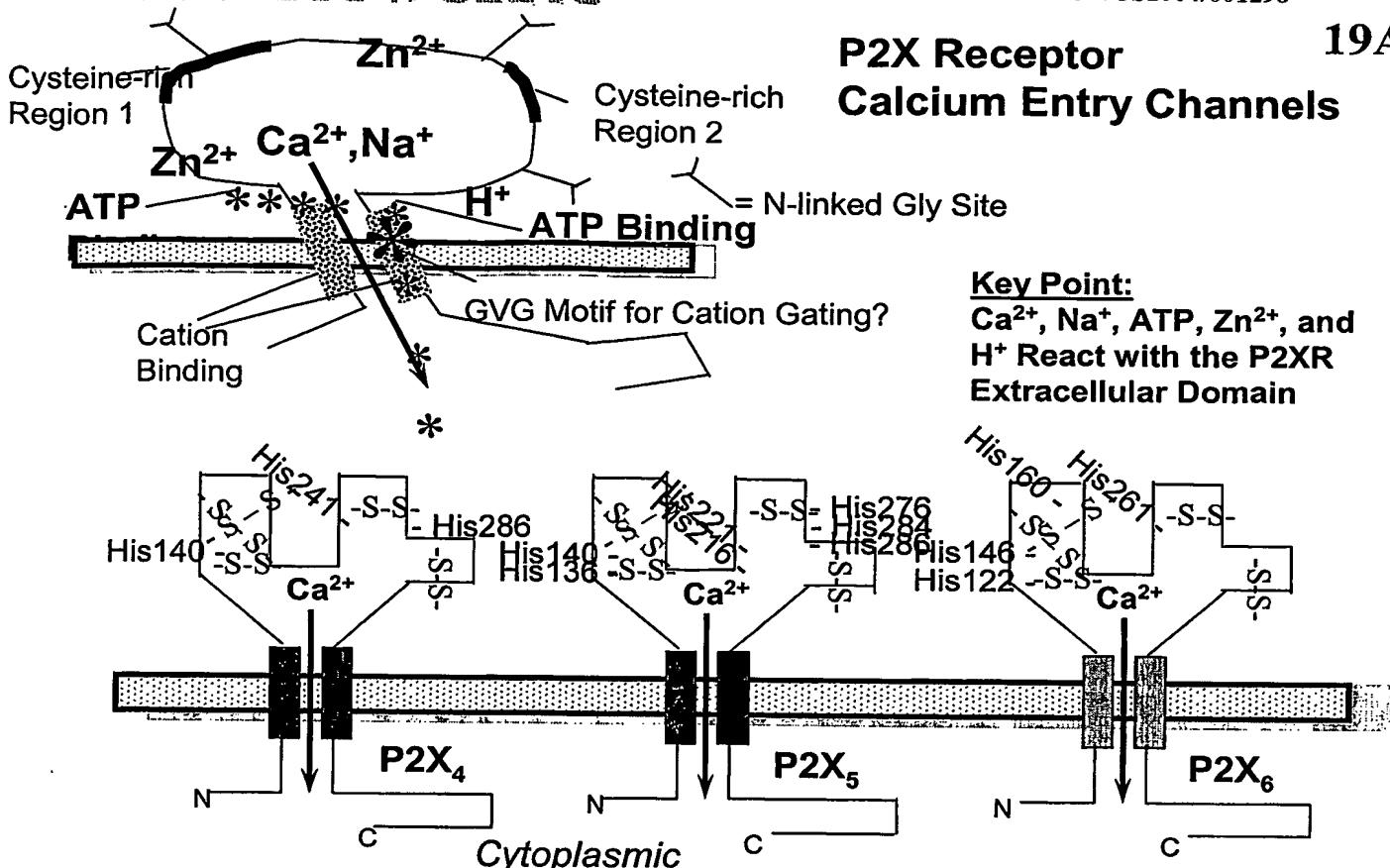
Modified Na- and Mg-free Ringer  
(No Glucose, pH 8.0)





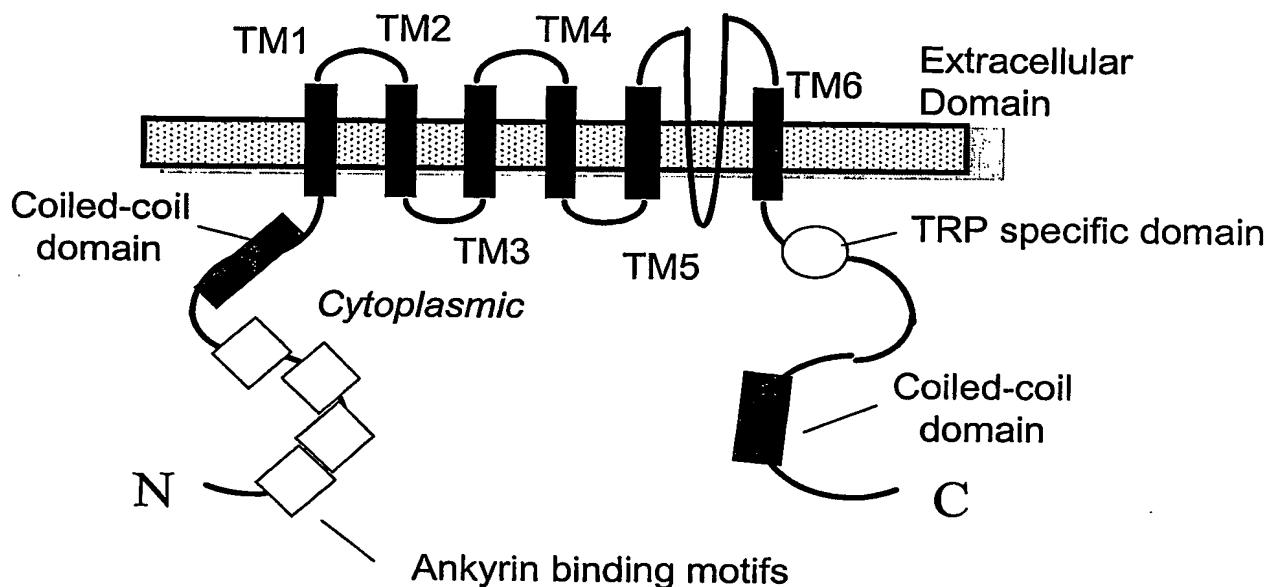
## P2X Receptor Calcium Entry Channels

19A

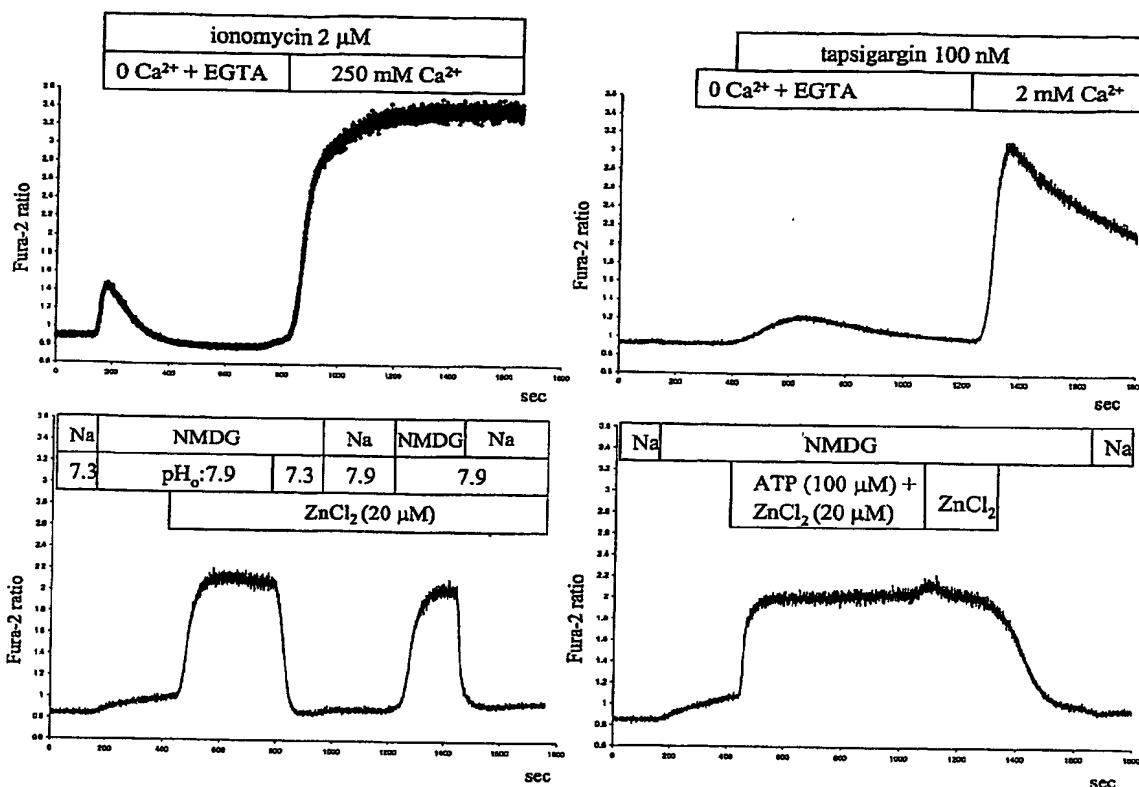


## TRPC Calcium Entry Channels

19B

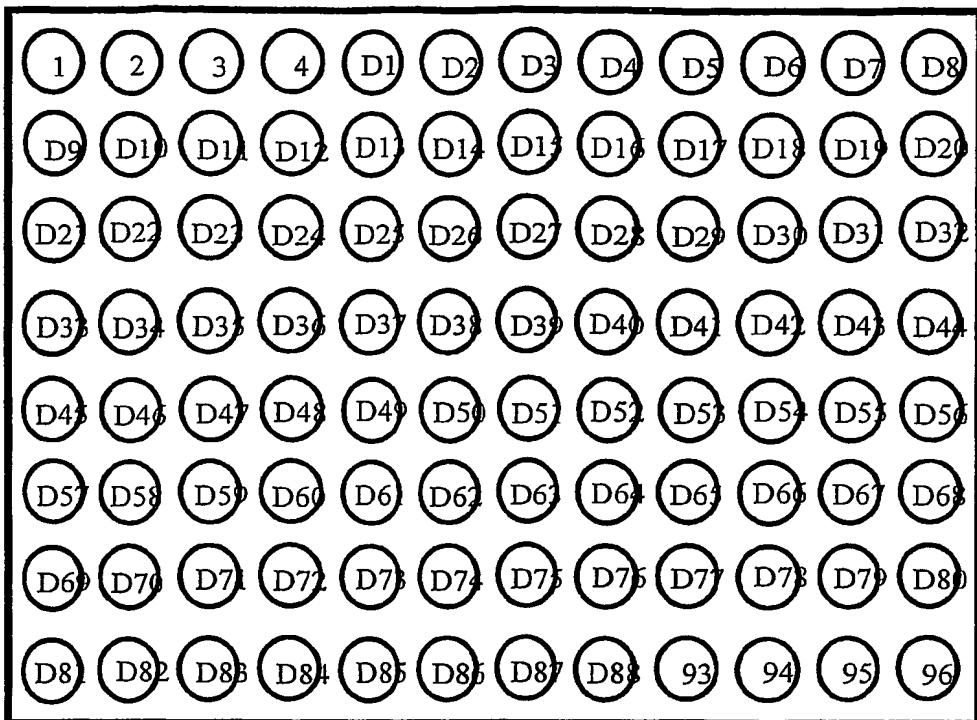


19C

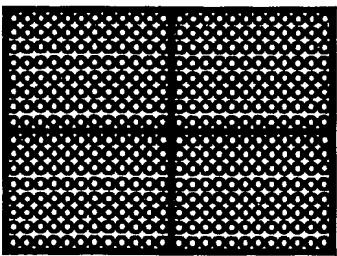


19D

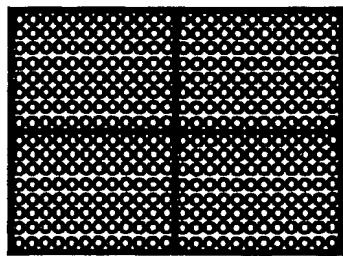
<u>Designation</u>	<u>Mode of Stimulation</u>	<u>Epithelial Polarity</u>
Store-operated Ca <sup>2+</sup> channels (SOCs) or I <sub>CRAC</sub>	ER store depletion	Unclear
TRP channels	ER store depletion (partial) Alkaline extracellular pH (partial)	Apical & Basolateral
P2X receptor Ca <sup>2+</sup> entry channels	Extracellular zinc and ATP	Apical & Basolateral
ECaC or CAT ( <i>Related to TRPs</i> )	ER store depletion	Apical
Ca <sup>2+</sup> -permeable non-selective cation channel (NSCC)	Stretch-activated	Apical

**20A**

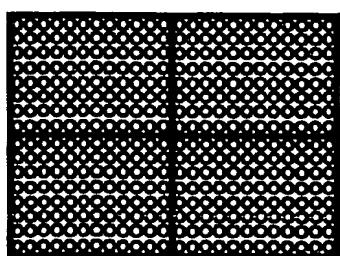
Step 1: IB3-1 CF cell line seeded and grown to confluence in a 384-well plate.



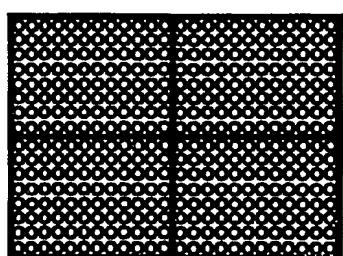
Step 2: Attached IB3-1 CF cells loaded with Fura-2/AM in culture medium for 2 hours.



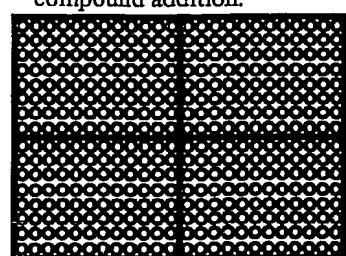
Step 3: IB3-1 cells washed with PBS modified for HTS (0 Na<sup>+</sup>, 0 Mg<sup>2+</sup>, 3 mM Ca<sup>2+</sup>) 3X.

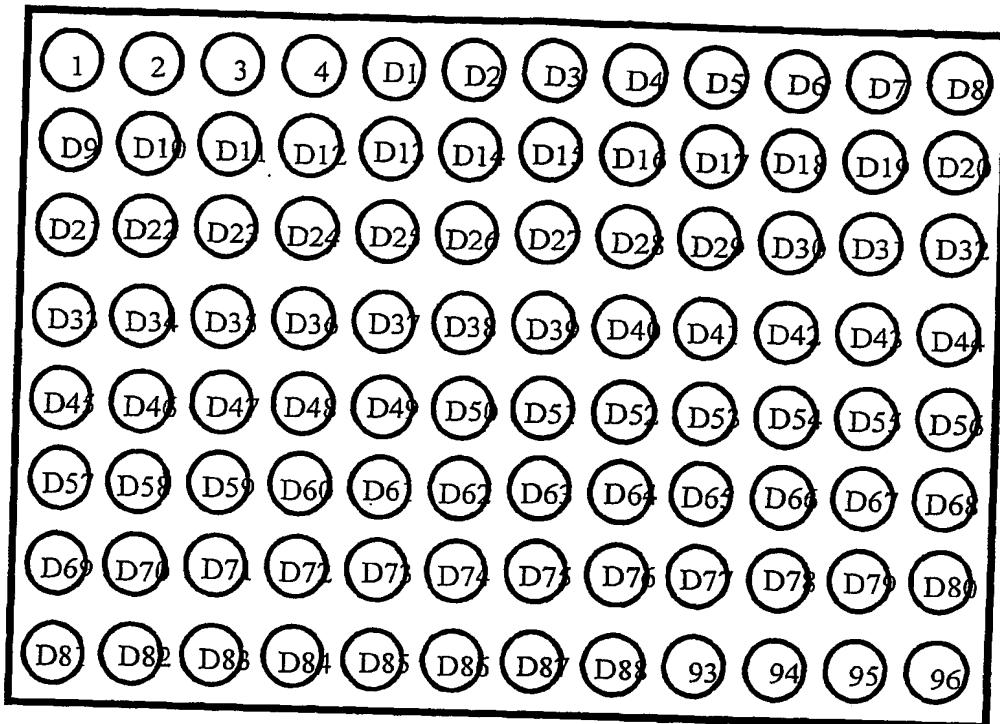


Step 4: IB3-1 cells exposed to an individual compound in each well versus positive and negative controls.



Step 5: Fura-2 fluorescence read in IB3-1 cells at 340 and 380 nm wavelengths before and 1, 3, 5, and 15 minutes after compound addition.

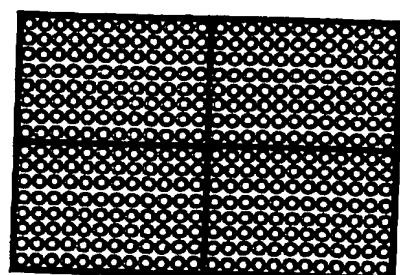
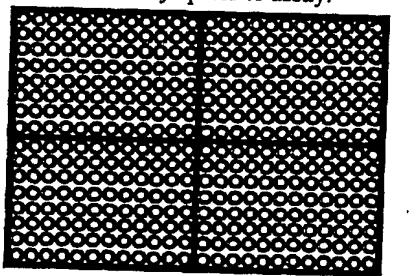


**20C**

Step 1A: INS-1  $\beta$  cell line seeded  
in a 384-well plate.

Step 1B: INS-1 cells rested in 5 mM  
glucose 2 days prior to assay.

Step 2: Attached INS-1  $\beta$  cells  
loaded with Fura-2/AM in low  
glucose culture medium for 2 hours.

**20D**

Step 3: INS-1 cells washed  
with PBS modified for HTS  
(0 Na<sup>+</sup>, 0 Mg<sup>2+</sup>, 3 mM Ca<sup>2+</sup>) 3X.

Step 4: INS-1 cells exposed  
to an individual compound in  
each well versus positive and  
negative controls in the absence  
and presence of 15 mM glucose  
and/or 30 mM KCl in the 4 quadrants.

Step 5: Fura-2 fluorescence  
read in INS-1 cells at 340  
and 380 nm wavelengths before  
and 1, 3, 5, and 15 minutes.

